

CITY OF BATH



# ANNUAL REPORT

OF THE

## Medical Officer of Health

AND

**PRINCIPAL  
SCHOOL MEDICAL OFFICER**

AND OF THE

**CHIEF**

**PUBLIC HEALTH INSPECTOR**

**(R. V. Redston, D.P.A., M.R.S.H., F.A.P.H.I.)**

FOR THE YEAR

# 1964

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**R. M. ROSS, M.B., Ch.B., D.P.H.**

*Medical Officer of Health  
and Principal School Medical Officer*

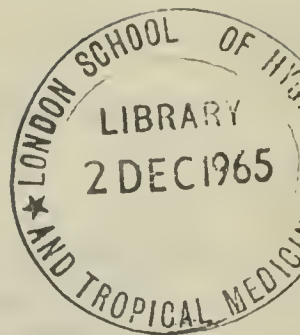
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CITY OF BATH  
December, 1964



*Mayor:* Councillor George Emanuel Mayer

**HEALTH COMMITTEE**

*Chairman:* Alderman T. Jones

The Mayor: Aldermen J. W. Andrews, W. H. Rossiter, Councillors—H. T. Caden, J. A. Cooper, J. Driver, Mrs. M. M. Grosvenor, Mrs. M. E. Hall, A. C. Hanham, Mrs. A. E. M. Hanna, E. A. Hobbs, F. T. Ingram, R. G. Jordain, Mrs. H. E. Miles, E. Paul, A. S. Polson, R. G. Stratton, S. A. Waters, R. J. Wilkey.

*Co-opted Members:*

Mrs. Y. Arnold, Dr. J. R. Bolton, Mrs. M. W. Horsell, Mrs. I. M. Jones, Mr. H. W. Nation, Mrs. R. L. Osmaston, Mr. W. E. Sheppard, Mrs. J. Wesley Whimster, Mrs. M. B. White.

*Sub-Committees:*

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The Mayor,  
Alderman T. Jones, Councillors—H. T. Caden, Mrs. M. E. Hall,  
Mrs. A. E. M. Hanna, E. A. Hobbs, E. Paul, R. J. Wilkey.  
Mrs. Y. Arnold, Dr. J. R. Bolton, Mrs. M. W. Horsell, Mrs. I. M. Jones,  
Mrs. M. B. White.

**MENTAL HEALTH SERVICES:**

The Mayor; Aldermen T. Jones, W. H. Rossiter,  
Councillors—Mrs. M. M. Grosvenor, Mrs. A. E. M. Hanna, Mrs. H. E. Miles,  
E. Paul, S. A. Waters, R. J. Wilkey.  
Dr. W. E. W. Bridger, Mrs. I. M. Jones, Mr. H. W. Nation, Mrs. J. Wesley  
Whimster, Mrs. M. B. White.

**SANITARY AND GENERAL PURPOSES:**

The Mayor; Aldermen J. W. Andrews, T. Jones.  
Councillors—J. A. Cooper, Mrs. M. M. Grosvenor, Mrs. M. E. Hall, A. C.  
Hanham, F. T. Ingram, R. G. Jordain, E. Paul, A. S. Polson, R. G.  
Stratton.  
Mr. H. W. Nation, Mr. W. E. Sheppard.

**HOUSING COMMITTEE**

*Chairman:* Alderman S. A. Smith.

The Mayor; Alderman S. J. Amblin,  
Councillors—P. Adams, H. Bradley, H. T. Caden, Miss C. M. Edmunds,  
Major W. E. Evans, M. L. Giles, Mrs. M. M. Grosvenor, Mrs. A. E. M.  
Hanna, R. G. H. Hiscocks, R. G. Jordain, Miss M. E. Rawlings, R. G.  
Stratton.

*Co-opted Members:*

Mr. R. V. Brown, Mrs. F. E. Coltart.

TO THE WORSHIPFUL THE MAYOR, THE ALDERMEN AND COUNCILLORS  
OF THE CITY OF BATH

MR. MAYOR, LADIES AND GENTLEMEN,

With due allowance for the relatively high proportion of elderly, Bath's health experience in 1964 compared favourably with the average. For the first time there was no death from tuberculosis. The incidence of the other infectious diseases was low, and most cases were mild and nursed at home. Though violent statistical fluctuations are to be expected in a relatively small population, Bath's excess infant mortality (contrasting with an extremely low level the previous year), was accompanied by a similarly high loss from stillbirths, and the perinatal mortality of 37.1 compared unfavourably with the national average of 28.2.

A steady development was apparent in most services. The decreasing tendency of mothers to abandon the Infant Welfare Centres after the first twelve months continued; attendances of older children improved by 25-30 per cent. This, of course, increases the Centres' potential as sources of advice on management; screening for the early detection of defect; and for stimulation of protection by immunisation. The expansion of home nursing and other domiciliary services was hampered, as indeed were the general practitioner and hospital services, by the failure to extend the home help service, in spite of the very generous financial support sanctioned by the Finance Committee for this purpose. The number of hours worked actually decreased, though the number of cases rose, so that, inevitably, individual attention deteriorated in many cases.

The most rapid advance, since so belated, was seen in the Mental Health Service, where the Council's generous provision for social and occupational therapy at North Parade began to show its full potential. The anticipated early development of an acute psychiatric unit at the Royal United Hospital should complement and complete this pioneering local authority development. Improved staffing and equipment, and structural modifications, had a tonic effect on the Millbrook Training Centre, and will continue to stand the adults in good stead when the purpose built provision for juniors is available on the site allocated at Pennyquick.

In conclusion I must express my thanks to members of the Council, and in particular of the Health Committee and its Sub-Committees, with their co-opted colleagues, for their unfailing consideration and encouragement; for the wholehearted, efficient and cheerful efforts of all the Public Health Department staff; to the Chief Officers and staff of the other departments for their courtesy and co-operation; and to the general practitioners, hospital staffs, voluntary bodies, and the Press, on all of whose collaboration the Health Department relies so heavily for its effective functioning.

I am, Mr. Mayor, Ladies and Gentlemen,

Yours faithfully,

R. M. ROSS

*Medical Officer of Health and  
Principal School Medical Officer.*

October, 1965.



# SUMMARY OF STATISTICS

## City and County Borough of Bath

Area of the Borough, 6,277 Statute acres.

Situation—Latitude 51° 23'N., Longitude 2° 21'W.

Elevation—Varies from 50 feet above sea level on the lower banks of the Bath Avon to about 550 feet on the South and 700 feet on the North.

Mean elevation—269 feet above sea level.

Geological Formation—Oolitic Clays, Limestones and Sands; Lias and Gravel.

Water—Constant service of moderately hard spring water. Corporation Reservoirs have a total capacity of 61,790,000 gallons; use is frequently made of supplementary supplies from Bristol Waterworks Company's Chew Valley source. Average daily consumption, 1964, 42.71 gallons per head; 1959—63, 41.24 gallons.

Sewage disposal almost exclusively by water carriage. Treated at Saltford.

Population—80,856 (1961 Census). 82,750 (estimate mid-1964).

Number of inhabited houses, Census 1961, 26,653 (*i.e.* structurally separate dwellings occupied by private families). Estimate for 1964, 25,750.

Years	1964	1963	Mean of 1956-60	Mean of 1951-55
Population	82,750	82,570	80,548	79,520
Rateable Value, 1st April 1965 £	3,175,123	3,101,694	1,146,798	692,970
General Rate, 1st April 1965	11/4	10/10	19/2	22/1
One penny General Rate produced £	12,980	12,640	4,706	2,761
MARRIAGES—Number Registered	626	620	592	601
Rate per 1,000 population, Bath	15.1	15.0	14.7	15.1
Ditto England and Wales	15.1	14.9	15.3	15.9
BIRTHS—Number Bath	1,268	1,314	1,167	1,096
Rate per 1,000 population „ (cor'd)	15.9	16.5	14.4	13.8
Ditto England and Wales	18.4	18.2	16.4	15.3
Illegitimate births per 1,000 infants born Bath	96	79	50	49
DEATHS—Number—Civilian Bath residents	1,036	1,145	1,029	1,033
Crude rate per 1,000 population, Bath	12.5	13.9	12.8	13.0
Standardised rate for age and sex Bath	9.6	10.7	10.2	10.5
England and Wales, Death-rate	11.3	12.2	11.5	11.6
INFANT MORTALITY—Bath	25.2	14.5	20.4	22.2
England and Wales	20.0	21.1	22.7	27.0
Illegitimate Infants Bath	57.4	0.0	30.6	19.1
PRINCIPAL CAUSES OF DEATH—				
Pulmonary Tuberculosis	—	2	8	12
“Other” Tuberculosis	—	—	—	1
Influenza	3	5	6	12
Pneumonia	67	94	67	56
Bronchitis	46	46	36	40
Cancer	202	193	188	176

## SUMMARY OF STATISTICS—*Continued*

Years .....	1964	1963	Mean of 1956-60	Mean of 1951-55
Cerebral Haemorrhage, etc., Heart Disease and other Circu- latory diseases .....	510	610	535	543
Nephritis .....	5	4	6	16
Violence .....	65	55	46	44
<b>INFECTIOUS DISEASE—Cases notified</b>				
Diphtheria .....	—	—	—	1
Scarlet Fever .....	39	15	51	66
Dysentery .....	41	59	127	54
Erysipelas .....	3	5	7	9
Poliomyelitis and Polio- encephalitis ..	—	—	5	16
Puerperal Pyrexia .....	12	18	24	7
Measles .....	254	1,355	448	851
Pulmonary Tuberculosis .....	25	22	37	58
"Other" Tuberculosis .....	2	3	4	8
<i>See also pages 23 and 27</i>				

The Ministry of Health requires the following more detailed analysis of infant loss.

	<i>Bath</i>		<i>England and Wales</i>
	1964	1963	1964
<b>Live Births:</b>			
Number .....	1,268	1,314	—
Net rate per 1,000 population .....	15.9	16.5	18.4
<b>Illegitimate Live Births (per cent of total live births)</b> .....			
	9.6	7.9	7.2
<b>Stillbirths:</b>			
Number .....	26	32	—
Rate per 1,000 total live and stillbirths .....	20.1	23.8	16.4
Total Live and Stillbirths .....	1,294	1,346	—
Infant Deaths (deaths under one year) .....	32	19	—
<b>Infant Mortality Rates</b>			
Total infant deaths per 1,000 total live births .....	25.2	14.5	20.0
Legitimate infant deaths per 1,000 legiti- mate live births .....	21.8	15.1	—
Illegitimate infant deaths per 1,000 illegitimate live births .....	57.4	0.0	—
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births) .....	18.9	10.7	13.8
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births) .....	17.4	8.4	—
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths) .....	37.1	31.9	28.2
<b>Maternal Mortality (including abortion)</b>			
Number of deaths .....	—	—	—
Rate per 1,000 live and still births .....	0.0	0.0	0.25

## SECTION A

### Vital Statistics:

In so far as the death rate can be regarded as a measure, however incomplete, of the health of the population as a whole, Bath's experience was again 15 per cent better than the national average. For the first time no deaths were attributed to pulmonary tuberculosis. To offset the saving from infectious disease, accidents continued to rise. It was noteworthy that, apart from vehicle accidents, nearly one-third of the deaths (nearly half in 1963) were among ladies of over 75 years of age. This clearly reflects both the superior longevity of the female and the importance of domestic risks when faculties are failing.

The generally favourable mortality experience did not apply to the new born, where figures were uniformly unfavourable giving a total perinatal mortality of 37.1 per 1,000 births compared with a national average of 28.2. On this occasion, illegitimate births, one-third higher than the national average, made a disproportionately large contribution, their mortality being  $2\frac{1}{2}$  times that of legitimate infants.

## SECTION B

### PERSONAL HEALTH SERVICES—NATIONAL HEALTH SERVICE ACT, 1946

#### CARE OF MOTHERS AND YOUNG CHILDREN

##### Expectant Mothers—Ante-Natal Care:

83.6 per cent of Bath mothers, confined in 1964, were delivered in hospital. An ante-natal clinic is in operation at St. Martin's Hospital staffed by the Hospital Management Committee. At the Royal United and Forbes Fraser Hospitals, a large proportion of the cases are booked by General Practitioners for confinement in hospital, and others have been referred by General Practitioners to the Obstetricians for obstetric or medical reasons. The ante-natal care of cases booked by these hospitals is carried out either by the Obstetricians or by General Practitioners, but a considerable proportion attend the Local Authority Clinic at the request of Practitioners. All the services at the Local Authority Clinic are available to General Practitioners and their patients.

The Local Authority Clinic held at 45, Rivers Street, each Wednesday is attended by an Assistant Medical Officer, the Superintendent Midwife, and whenever possible, by the Midwife who has booked the case.

A Physiotherapist holds Relaxation Classes in connection with this clinic, and the collection of blood for examination and X-ray examination of the lungs of expectant mothers are arranged with the appropriate Hospital Departments.

**Post Natal** examinations of midwives' booked cases are carried out at the same sessions.

Attendances were as follows. Figures in brackets are those for 1963

##### Ante and Post Natal Clinic:

Number of sessions	53	(51)
Patients:		
Ante Natal	42	(41)
Post Natal	13	(12)
Total Attendances	194	(239)



## Relaxation Clinic:

Number of sessions	214	(202)
Number attending	272	(292)
Total attendances	2,049	(1,985)

## MIDWIFERY

There were 1,268 births in 1964, 46 less than in the previous year. This represented a net Birth rate of 15.9 per 1,000 population. In England and Wales the rate was 18.4. Only 16.4 per cent of births occurred at home.

Miss Norman, Superintendent Nursing Officer, reports:

"Again we have had a decrease in the number of domiciliary confinements (204 in 1964 as compared with 233 in 1963), but there has been an increase in the number of mothers being discharged from hospital before the 10th day—(1963—227. 1964—308). Most of these mothers come home on the 8th day after delivery, but a few come home earlier, on the 2nd or 3rd day, if the baby is stillborn, dies soon after birth, or the mother was booked for home confinement but transferred to hospital because of some abnormality. During the year, 37 expectant mothers booked for home delivery were so transferred.

In August, 1964, Miss Miller and Mrs. Stephens resigned, and were replaced by Mrs. A. A. Davies in September. Now that we are having fewer home confinements, the reduced number of midwives is sufficient to deal with the deliveries and nursings, with the one part-time midwife to look after the mothers discharged from hospital before the 10th day. Difficulty does arise in arranging the midwives' holiday and off-duty entitlement, and still providing satisfactory coverage for the City.

The Relaxation classes given by Mrs. H. Underhay, M.C.S.P., continue to be well supported, proving beneficial to mothers having their first babies.

Six pupil midwives from Bradford-on-Avon Maternity Hospital, have undertaken their district training, and all were successful in their C.M.B. Part II examination. I would like to thank the General Practitioners for the interest they take in the training of these future midwives.

The Bath Maternity Society has again provided clothing or provisions for our poorer patients, and at Christmas gave twenty very generous parcels to families with young babies."

The Council's responsibilities towards unmarried mothers continued to be discharged, on an agency basis, by the Bath & Keynsham Moral Welfare Association, whose Worker, Miss Green, continued assiduously to watch the interests of her cases, and those of Bath City finances, as is illustrated by the fact that grants were called for in less than 6 per cent of cases.

During 1964, seventy-one Midwives notified their intention to practise in the City, of whom sixty-three were on the staff of the Hospital Management Committee, one in private practice, and seven employed by the Local Authority. Nineteen midwives attended forty or more cases each, and fifteen less than ten each. The number of births (including still-births) attended by all midwives was 1,987, as compared with 1,923 in 1963.



The following table gives the place of confinement of the registered live births in Bath.

	<i>Royal United and Forbes Fraser Hospitals</i>	<i>St. Martin's Hospital</i>	<i>Private Houses</i>
Bath mothers	515	518	202
Non-residents	270	458	2
	785	976	204

PERCENTAGE:—

Bath mothers	41.7% (39.0%)	41.9% (42.5%)	16.4% (18.5%)
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(Figures for 1963 are shown in brackets.)

## HEALTH VISITING

Miss Jones, Senior Health Visitor, reports as follows:—

“We were pleased to welcome Miss Baker to the staff in July, after successfully completing her training at Bristol. This allowed a further slight reduction in caseloads, a trend that permits more concentrated visiting of those families in particular need of support and advice. Children on the ‘risk’ register also receive more frequent visits, and this, together with routine Phenylketonuria testing at six weeks, and a hearing screening test at 7–9 months, helps in the early diagnosis of handicap.

There is continuing good relationship between hospitals and health visitors, largely due to the regular visits by health visitors to children’s and maternity wards, and ease of contact with medical social workers.

Relationships with other social workers have improved as a result of the setting up of a social workers’ lunch time meeting, held monthly. This was initiated by the health visitors, and has proved of sufficient value to justify inviting voluntary agencies to take part.

The attendance of health visitors at family doctors’ sessions for mothers and young children continues at three practices, and for discussion of cases of mutual interest at two more.

A scheme arranged by the Ministry of Health for notifying all congenital defects apparent at birth, is well established, and health visitors check all notifications. 33 cases were recorded and notified to the Registrar-General.

We were pleased to take advantage of the holiday fund, to send two mothers, with young children, for a much needed rest, and to accept the invitation of the W.V.S. to take part in their ‘Hostess’ scheme, and send three children for country holidays.

The setting up of crèches, usually for one or two mornings a week, by different churches and voluntary organisations, is most welcome, and health visitors have been glad to advise on premises, play material, etc., and to visit, and to recommend children for whom this would provide most benefit.

In the course of the year, we welcomed Miss K. J. Minion, Mrs. R. M. Robinson and Miss M. E. Bodys to the staff of health visitors, in addition to Miss Baker. Miss Bodys returned to us after a period of overseas service.”

The following visits were made by Health Visitor/School Nurses in the course of the year.

<i>To children under 5 in their own homes</i>	<i>School Children*</i>		<i>Expectant Mothers</i>	<i>Other Visits</i>
	<i>At School</i>	<i>Follow-up in homes</i>		
17,063	1,372	883	283	642

(\* Figures include work of whole-time School Nurses.)

### Child Welfare Centres:

Miss Jones reports:—

“These clinics remain busy centres where mothers come for consultation and advice, and find a pleasant social atmosphere. Lack of funds prevents as full development as we would like, of play areas for the toddlers who come. Care is taken to impress on parents the need for immunisation and vaccination, and for keeping up with the necessary ‘boosters’, including those for school children. The Mothers’ Club thrives, and carries out a broadly based programme of health education.

Our voluntary helpers have again made a great contribution to the successful and happy running of these clinics.”

For days and times see page 27. Figures for 1964 are as follows:

### ATTENDANCES

<i>Clinic</i>	<i>Sessions</i>	<i>Seen by Doctor</i>	<i>Not seen by Doctor</i>
Blue Coat House .....	100	1,569	3,064
Walcot .....	52	1,024	1,429
Oldfield Park .....	52	600	1,429
Southdown .....	48	747	655
Odd Down .....	50	824	743
Weston .....	48	542	930
Twerton .....	49	482	417
<b>Total .....</b>	<b>399</b>	<b>5,788</b>	<b>8,667</b>

(In 1963 there were 6,818 consultations and 6,260 other attendances)

The following table shows the attendance according to age groups.

<i>Age</i>	1960	1961	1962	1963	1964
0-1 years .....	796	709	820	830	779
1-2 years .....	581	662	627	659	823
2-5 years .....	378	386	720	510	651

# DISTRIBUTION OF WELFARE FOODS, 1957-64

	1957	1958	1959	1960	1961	1962	1963	1964
National Dried Milk (Tins)	20,338	15,427	13,505	10,693	8,878	7,714	7,655	5,776
Cod Liver Oil (Bottles)	8,412	5,693	5,535	5,207	3,691	1,745	1,566	1,295
Orange Juice (Bottles) .....	80,426	51,512	48,536	46,847	30,717	17,253	17,083	18,403
Vitamins (Packets) ...	4,416	4,683	4,640	5,032	3,797	1,874	1,596	1,807

## Dental Care:

The small numbers attending the Council's clinic reflect Bath's relatively lavish provision of private dentists. Every effort is made both at the Ante-natal and Child Welfare Clinics to impress the need for dental care, and similar dental education is carried out by the Health Visitors and Midwives in the homes.

Expectant mothers and young children are referred to the School Dental Service by Midwives, the Ante-natal Clinic and by Health Visitors. Two dentists work in well-equipped surgeries. One-eleventh of the time of one dentist is given to the Health Authority.

The Dental Clinic has its own X-ray apparatus, and dentures are made by arrangement with a private technician.

The following is a summary of the work carried out during 1964—

### (a) Numbers provided with dental care:

	<i>Examined</i>	<i>Treated</i>	<i>Treatment completed</i>
Expectant and Nursing mothers .....	2	2	1
Children under five .....	17	12	12

### (b) Forms of dental treatment provided:

	<i>Scalings and Gum Treatments</i>	<i>Fillings</i>	<i>Silver Nitrate Treatment</i>	<i>Crowns or Inlays</i>	<i>Extractions</i>	<i>General Anaesthetics</i>	<i>Dentures provided</i>		<i>Radiographs</i>
							<i>Full Upper or Lower</i>	<i>Partial Upper or Lower</i>	
Expectant and Nursing mothers	1	4	—	—	15	2	2	—	—
Children under five	—	16	—	—	19	9	—	—	—



### **Orthopaedic Treatment:**

By arrangement with the Bath Hospital Management Committee regular sessions, are held by the Orthopaedic Surgeon in the Health Department, with weekly sessions by the After-Care Sister for physiotherapy recommended by the Surgeon. Patients are referred for Hot Pool treatments to the City Bathing Establishment. During the year, 216 children under school age, including 98 new cases, made 608 attendances to the Surgeon's and After-care Sister's Clinics. Forty-eight children made 167 attendances at Physiotherapy Clinics.

### **Eye Treatment:**

Ten children under school age made 17 attendances at the Eye Clinic held at the Bath Eye Infirmary. Seven new cases were referred for defective vision and squint.

### **Ear, Nose and Throat Treatment:**

Four children under five attended the special hospital clinic.

### **Family Planning Association:**

The Bath Branch of the Family Planning Association continue to hold a weekly clinic at the Health Department, and Mrs. B. L. Flint, the Hon. Secretary, reports that 44 sessions were held at which 1,854 patients were seen. This number included 9 referred by members of the Health Department medical and nursing staff.

Cervical smear tests were carried out on 244 patients over 35 years of age to detect a pathological change which, in a minority of cases, turns malignant years later. All were negative,

### **Day Nursery:**

The accommodation at the Riverside Day Nursery (55 places) was used to capacity during the year. The daily average attendance was 46 and there were 67 children on the register at the end of the year.

Priority is given to children (a) in homes where the mother is compelled to work because she is unmarried, or because of the death of the father, or separation of the parents; (b) where home conditions are unhealthy or unsuitable; or (c) where the mother is in essential employment. Every application is considered by a Medical Officer, who visits the Nursery weekly and periodically examines all the children attending.

The Nursery is approved for student training, and at the end of the year, 8 students were being trained for the National Nursery Nurse's Examination. These students spend a proportion of their time in theoretical training at the Bath Technical College, and have practical training at the Nursery.

### **Residential Nurseries:**

Residential Nursery provision is made by the Children's Committee in one of that Committee's homes. The Church of England Children's Society also have residential homes at Savile House, Bath, and at Sunnyside, Box.

The Local Authority Medical Officers carry out the necessary medical examinations on admission and discharge, and periodically while the child is in the Children's Committee Home. General medical advice is always available on these regular visits by an Assistant Medical Officer. Any child requiring treatment at any time comes under the care of the general practitioner attached to that home.

## **Nurseries and Child Minders Regulation Act, 1948:**

One private day nursery was registered providing accommodation for 20 children, and eight Child Minders were on the register, authorised to receive a maximum of 69 children.

## **Child Neglect and Break-up of Families:**

The special Co-ordinating Committee, comprising Officers from various Government and Local Authority Departments as well as Voluntary bodies, continued to meet monthly during the year under the Chairmanship of the Children's Officer. This Committee is concerned mainly with the so-called "problem families" in the City. This regular interchange of views continues to be helpful to all concerned, and ensures that available resources are as efficiently and economically deployed as possible. Some overlap is inevitable, as in the case of many families, more than one agency has a statutory obligation to visit, and in any case an overlap is always preferable to a gap where the health and happiness of children are at stake.

## **HOME NURSING**

Miss Norman, Superintendent Nursing Officer, reports:—

"The District Nurses have had a busy year, and although the sickness rate has been low, and we have had an increase in staff, the burden of their work has increased. This is mainly due to the increasing number of visits being paid to elderly people, many of whom live alone. (33,944 visits in 1964, as compared with 28,630 in 1963). These call for a wide range of nursing skills and all the other resources on which the district nurses can call, including co-operation with other statutory and voluntary organisations.

During the year the number of patients on the books gradually increased to 492 on 31st December. It is interesting to note that of these, 256 have been on the books for over one year, and 51 for over 5 years. Unfortunately we nurse very few children at home, only twelve under five years, during the year.

The use of disposable syringes has proved to be time saving to the staff, and causes less inconvenience to the patients. The use of incontinent pads has been a most popular innovation, both from the point of view of the nurses, the patients and the relatives. Their disposal has not been such a problem as was anticipated, the majority being burnt in the patient's own home or garden. The remainder are collected by arrangement with the Superintendent of the Council's refuse disposal depot. Incontinent pads are supplied at present to patients being nursed by our staff, the number requiring them at any one time varied between four and fourteen during the year.

The large majority of our patients are referred to us by the family doctors, the remainder coming from the hospitals via the Medical Social Worker or the Ward Sisters. I am indebted to the hospitals for the various ways they help us during the year, and especially to the Ward Sisters for inviting our staff into the wards to see special treatments which are to be continued in the patient's own home.

Staff have attended Post-Graduate Study days at the Royal United, St. Martin's and Roundway Hospitals, in addition to residential Post-Graduate Courses. We are pleased in turn to show student and pupil nurses something of our work on the district.



During the year, the administrative and nursing staff have given lectures and talks, and have helped with examinations for various organisations, which stimulates an interest in our work, and the care of patients in the community.

**Voluntary Organisations** have again played their part in helping us to look after patients at home.

Some British Red Cross Society members have continued to accompany the nurses on their rounds, helping with heavy patients, and bathing some of the elderly patients. The Library Service for the Housebound run by the B.R.C.S. is becoming increasingly popular. I would also like to thank them for the medical loan service which they run, which supplements our own supply.

The W.V.S. "Meals on Wheels" is an essential service to many of our patients. As well as the meal, they enjoy the visit, and the unexpected "treats" which accompany the meals at festive seasons. The W.V.S. Clothing store has helped us this year more than ever before.

The Bath Council of Social Service help in many ways with their regular visiting service, arranging chiropody visits, organising the Quebec Day Centre, or doing some old or handicapped person's garden.

This year the City of Bath Girls' School gave us Easter gifts, and produce from their Harvest Festival for distribution, as also did Stratton House Home for the Aged. The nurses enjoyed taking these unexpected gifts to our lonely or elderly patients who were most appreciative.

The Bath Standing Conference of Women's Organisations kindly sent four of our patients on holiday during the summer."

## DOMESTIC HELP

The disappointing failure to increase staff in spite of the extra funds made available in estimates, and the addition of new cases, whose urgent needs must somehow be met, meant a reduction in the help available to individual cases. The number of hours worked decreased from 65,175 to 64,643, although the number of cases increased from 535 to 586.

Miss Norman reports: "Each year the demands on this service increase and as will be seen in the table are mainly for the care of the elderly and chronic sick. On occasions it has been difficult to supply adequate help to some of the families, and although they have not been neglected, more help would have been desirable. This results in the Home Help having to carry a heavy load.

Recruitment to this service continues to be difficult. During the year, sixteen women joined the service and fifteen left. We manage to retain a nucleus of very good Home Helps who realise how vitally important their services are to the community, but many women find the work arduous, and unrewarding. The sickness rate among Home Helps decreased greatly this year.

On two occasions during the year, two Home Helps in conjunction with the cleansing squad, have carried out cleaning operations in neglected homes to make them habitable, and thus enable a Home Help to continue single handed.



A few maternity cases have been helped, and on these occasions Home Helps are taken off the care of their elderly patients.

The large majority of old people are not required to pay anything for this service, and we are most grateful to the Health Committee for their sympathetic consideration when dealing with cases of hardship.

During the year, Miss Lewis, Deputy Home Nursing Superintendent, has been helping with initial visits to patients in response to requests for the services of a home help, as well as routine visits to long standing cases. This has helped greatly with the administration of the service."

The following table summarises the type of case helped in the course of the year's work.

(a)	Tuberculosis	...	.....	.....	.....	4
(b)	Maternity cases	.....	.....	.....	.....	22
(c)	Acute cases	.....	.....	.....	.....	97
(d)	Chronic illness; aged and infirm	.....	.....	.....	.....	460
(e)	Family support	.....	.....	.....	.....	3

## VACCINATION AND IMMUNISATION

Protection is offered against Smallpox, Diphtheria, Whooping Cough, Poliomyelitis and Tetanus, either through the family doctor or at Infant Welfare Centres and schools. Every effort is made by the health visitors in the homes, at school, and at the Child Welfare clinics, to impress on parents the need to protect their children. Vaccination against tuberculosis was also available to 13 year old children whose parents wished for this protection, if a preliminary skin test showed no evidence of previous contact with the disease.

### Diphtheria Immunisation:

The number of children immunised for the first time was 1,094 (973 in 1963). The number who received re-inforcing injections was 1,918 as compared with 1,330 for the previous year. In view of the unsatisfactory immunisation state of older children, special attention is being given to re-inforcing doses at 5 and 10 years of age, and the co-operation of the family doctors has been sought in this matter.

### Whooping Cough Vaccination:

Combined whooping cough, diphtheria, and tetanus antigen was used for the majority of children immunised at the authority's Child Welfare clinics, and most of the general practitioners taking part in the Council's scheme adopt a similar procedure. During 1964, 909 children under 15 years of age were immunised against whooping cough, either with pertussis vaccine singly or in combination with other prophylactics.

### Tetanus Vaccination:

1,299 (1963, 1,071) children under 15 years received this protection either singly or in combination with other vaccines.

### **Poliomyelitis Vaccination:**

Vaccination against poliomyelitis continued as a routine measure throughout the year. 1,341 children and young persons born between the years 1943 and 1964 were vaccinated, as well as 39 persons born between 1933 and 1942, and 26 persons in other priority groups. Third booster doses were given to 93 persons and fourth doses to 763 children between 5 and 12 years. Since vaccination against poliomyelitis commenced, a total of 30,796 persons have been vaccinated in the City. (Almost 95 per cent of persons now vaccinated against poliomyelitis have Oral (Sabin) vaccine.)

### **Smallpox Vaccination:**

The number of persons vaccinated against smallpox for the first time in 1964 was 475, compared with 255 in 1963. Re-vaccinations were 224 compared with 207 in 1963.

### **B.C.G. Vaccination:**

B.C.G. vaccination was available to all children at 13 years of age, as well as through the Chest Clinic to contacts of known cases. A preliminary skin test to detect if there had been previous exposure to infection was applied, with parental consent, to 1,387 of the 13 year old age group, and 1,011 went on to receive the vaccination. In addition, 92 contacts of tuberculous cases were vaccinated.

## **AMBULANCE SERVICE**

Mr. Hall, Chief Officer of the Fire Brigade and Ambulance Service, reports as follows:

“The ambulance fleet still comprises eight ambulances and three sitting case cars. Two new ambulances have been delivered in 1964 to replace vehicles over ten years old.

During the year the segregation of the Fire and Ambulance Services below officer level has been completed. The Ambulance Service consisting as it does of a majority of new recruits has responded admirably to every demand made upon it and has maintained that close working co-operation with the Fire Brigade at road accidents which has for so long been a feature of the joint service in Bath. This was particularly well demonstrated at a road accident in July, 1964 when a concrete carrying lorry overturned crushing a saloon car. Although the accident proved fatal for two adults, a child was rescued from the wreckage after a four hour rescue effort in which firemen and ambulancemen worked as one team.

Once again I have to report an increase in the number of patients carried but the total mileage shows a reduction, achieved by co-ordination of journeys.

As in past years, the number of accident calls includes many minor cases scarcely warranting ambulance transport, and a minority of cases arising out of late night hooliganism. It is unfortunate that ambulances which might be wanted for serious accidents or serious sudden illness should be summoned so lightly by irresponsible members of the public.

The drivers of the Hospital Car Service have again rendered valuable assistance to the Ambulance Service, especially at peak periods when the demand has been great.

The British Red Cross and St. John Ambulance Brigade by their attendance at sports meetings, entertainment halls and large public gatherings has again proved the public spirit of its members.

In conclusion I should like to record my appreciation of my own staff who have worked well throughout the year, often under difficult conditions."

### TABLE OF AMBULANCE JOURNEYS, MILEAGE, ETC.

1964 COMPARED WITH PREVIOUS YEARS

		(1) <i>Total Journeys</i>	(2) <i>Patients Carried</i>	(3) <i>Accidents (included in 1)</i>	(4) <i>Total Mileage</i>
City Ambulances and Cars	1950	14,882	15,697	1,021	127,775
	1955	23,644	27,765	1,287	133,741
	1960	20,791	29,194	1,472	127,368
	1961	19,569	26,569	1,493	125,269
	1962	19,825	26,189	1,439	135,278
	1963	22,750	30,606	1,616	148,109
	1964	22,886	32,450	1,520	138,616
Hospital Car Service	1950	4,139	4,523	—	45,144
	1955	562	948	—	13,136
	1960	586	1,915	—	17,703
	1961	1,038	4,050	—	24,554
	1962	753	2,891	—	17,198
	1963	632	1,183	—	7,042
	1964	1,415	3,039	—	14,655

### PREVENTION OF ILLNESS, CARE AND AFTER CARE

Under this Section (28) of the National Health Service Act, so usefully wide and vague in its possible interpretations, are to be found a miscellany of auxiliary services, designed to support other L.H.A. activities and to link those with the General Practitioner and Hospital services.

PREVENTION of disease and disability depends very largely on effective health education. This involves not only the dissemination of information to the public, or special groups at risk, but persuasion to change attitudes and habits, and to ensure effective use of the wide range of services available. Control of many of the traditional plagues of the past, such as cholera, typhoid, etc., was largely an impersonal matter of sanitary engineering in which the active co-operation of the public played a relatively small part. Control of contemporary epidemics, such as coronary thrombosis, lung cancer, and many forms of mental ill-health, depends mainly on personal adjustments which call for much more painful individual effort than the sanitary victories of the past.

HEALTH EDUCATION is not to be regarded as a specialised activity of the Public Health Department. It is, or should be, practised daily by a much wider range of people, who stand in an influential relationship with the public; the medical, nursing, and teaching professions for instance, and many others. For the public health staff itself, health education is not a separate activity, but an integral part of all individual contacts in the course of their normal duties, as well as a matter of propaganda to organised groups and voluntary bodies. Put over in the practical context of a family's immediate problem, it is likely to be much more effective than theoretical teaching to assemblies, largely of the enlightened and converted.



Particular attention has been paid to the problem of home accidents, and much thought was given to ways and means of making parents alert and knowledgeable.

The campaign against smoking continues. Special efforts were made to influence school children and youth clubs, and full use was made of propaganda material including posters, leaflets, film strips and other agents, to supplement talks by medical and nursing staffs. Appropriate films were shown to teachers and youth leaders to encourage their use with wider audiences. Members of the general public can help greatly in this field, as the important motive for much adolescent smoking lies in the fact that it is regarded as a badge of adult status, rather than a dirty, expensive, and dangerous habit. Such adult example need not be entirely disinterested either, as certain investigations have shown that abandonment of the habit means a substantial reduction of risk.

Health Visitors were pleased to give a mothercraft course at a Secondary Modern School, and to help with one at the Domestic Science College. Similar courses to Youth Groups, and for the Duke of Edinburgh's Award, were given, and many adult organisations were supplied with speakers on a variety of subjects.

CARE AND AFTER CARE activities are many and varied. The tendency to early discharge of patients, and to nursing more serious cases entirely at home, calls for an expansion not only of public health personnel, but of the arrangements for loan of nursing equipment, in which the Department has the valuable support of a similar service run by the British Red Cross Society. The management of patients entirely in their own homes will also mean that family doctors will look more frequently than in the past to the Local Health Authority for the provision of recuperative holidays, since the hospitals' convalescent arrangements will not be available to such patients. A charge is of course made for this service proportionate to the means of the patient and his family. The traditional supply of extra nourishment in the form of free milk continued, though an increased proportion can nowadays go to cases other than the diminishing number of tuberculous patients.

The following provision was made in the course of the year:—

Nursing requisites .....	173
Cases receiving free milk .....	39
Recuperative holiday .....	1

THE CHIROPODY SERVICE—shortage of chiropodists prevented the local authority developing its own service, and reliance continued to be placed on the valuable service provided by the Bath Council of Social Service and subsidised by the Health Committee.

The Secretary of the Bath Council of Social Service reports as follows:—

"This service is so far limited to Old Age Pensioners, and they are treated either at the chiropodist's surgery or at their own homes under the domiciliary scheme. At the end of December, 360 patients were being treated under the ordinary scheme, and 204 under the domiciliary scheme. We have, unfortunately, since the summer, had to put patients on to a waiting list, particularly as regards the ordinary scheme, but usually this has not meant a long wait, and at the time of writing we have only five applicants not attended to. We have most sympathetic and helpful co-operation from all the chiropodists, and are very appreciative of their willingness to fit in extra appointments outside their official sessions. We are glad to be able to report that all the chiropodists are prepared to give us a degree of extra time in the forthcoming year if an increased grant is available for this purpose."

## SECTION C

### MENTAL HEALTH SERVICE

Mr. A. Austin, Superintendent of the Mental Health Services, reports as follows:—

#### **General:**

Development of the Mental Health Service proceeded throughout the year and this was achieved not only by an increase in staff but by effective improvements to the Millbrook Training Centre premises, and by the staff readily seizing opportunities for putting into operation new ideas.

This was the first full year of working for the Occupational and Social Therapy Centre and the results were encouraging, demonstrating the valuable foresight of the Committee in providing such a centre. The Centre has offered facilities for small meetings of voluntary bodies supporting the work of the local authority and hospital services, as well as for professional workers in the region, notably Mental Welfare Officers and Occupational Therapists.

An important policy decision was taken as a result of which the training of junior and adult subnormal persons will be undertaken in separate units. To bring this about it is intended to erect a junior training centre on a site at Pennyquick.

Staff changes during the year were as follows:

*Clerical:* Mrs. G. A. Williams (née McGrath) emigrated in April and was replaced by Miss M. M. Webley.

*Training Centre Staff:* Mrs. G. I. Taylor commenced as a temporary assistant and was later appointed on a permanent basis as General Assistant. Mrs. D. M. Clark commenced as an Assistant Supervisor in April, and Mr. F. G. Hawkins as a Craft Instructor in July. Mrs. F. Taverder retired on health grounds in December.

*Social Workers:* Miss M. P. Prior, C.S.W., joined the staff in August and Mr. N. L. Hills left to take up a senior post in Wiltshire in November.

*Students:* Mr. J. Chant completed his practical work placement in June, subsequently obtaining his Certificate in Social Work, and in September another second year student, Mr. G. Folland, commenced his further practical work training with us.

#### **Millbrook Training Centre:**

This is a comprehensive training centre for subnormal and severely subnormal children and adults. At the beginning of the year conditions were inimical to good training and the four members of staff were struggling to cope with 50 trainees. Overcrowding was acute and new admissions were temporarily suspended in June. Extensive alterations to premises were commenced in September and from then until Christmas conditions were extremely difficult for trainees and particularly for the staff whose determination to keep the centre running in the midst of major building works deserved the highest praise. By the end of the year the alterations were almost complete and the number of staff had increased to six.

The reorganisation of the adult group began as a direct outcome of the increase in staff, and new training projects were commenced and others planned. Selected adults were trained to travel to the centre on public transport, tendering their own fares which were reimbursed by the Committee. This aspect of training relieved our hard pressed transport



system and has at least deferred costly extensions. The higher staff ratio also permitted separate lunch groups for the nursery, junior and adult streams. In anticipation of the increased space soon to be made available, new and additional equipment was ordered.

During the year we began in a small way to undertake simple work supplied to the centre from an outside source. The adult trainees have enjoyed doing this work and it is intended to extend this type of activity which will largely replace the traditional type of craft work which has previously been undertaken.

In December it became possible to take cases from the waiting list, and by the end of the year only one child who presented special difficulties was waiting to attend. At this time the number attending was 51, 21 being under 16 and 30 over 16.

The annual outing took place in July, when almost the entire centre had an enjoyable day at Weston-super-Mare. We acknowledge with thanks the donation of £10 from the Bath and District Society for Mentally Handicapped Children toward the expenses. In future it is almost certain that the annual outing will be in two parts—separating the juniors and the adults.

In view of the accommodation difficulties the usual late Autumn Open Day was dispensed with, and efforts were concentrated upon the Christmas Party for trainees only. This innovation was so successful that in future the Open Day will be made a special occasion earlier in the year, leaving the festive season unencumbered for the trainees.

A very pleasing aspect of the year has been the interest taken by the Widcombe Young Wives' Group who have offered to provide additional equipment for the nursery class. A junior trampoline has already been delivered.

### **Gallaway House:**

A decision was taken to name the premises at 3-5 North Parade Buildings "Gallaway House" after an Apothecary who is thought to have sponsored the buildings about 1745. It is here that the Occupational and Social Therapy Department sets out to help some of our mentally ill citizens. This has been the department's first full year of functioning and it has been eventful with a number of new projects being started.

In January a Social Club was formed which met every Tuesday evening. The emphasis was on informal social activity and in this we were greatly assisted by members of the community who gave their time voluntarily. The average weekly attendance was 15. Also during January we held our Christmas Party which was attended by 29 people, the refreshments being made by the ladies in the catering section. In April an evening Art Group was started, but as it did not flourish it was decided to extend the scope of the group to include other activities and in November a Hobbies Evening was started. This meets every Wednesday and is designed primarily for ex-patients who are now in employment but who need a periodic contact with the department. In August an afternoon visit was organised to Bristol Zoo which was followed by a picnic on Clifton Downs.

Activities undertaken by the Occupational Therapy Department have included making items for use at Gallaway House. All the curtains were



by one of the girls and the men constructed several fitted cupboards and other items in various rooms. The making of seed boxes was undertaken for the Parks Department, and a start was made on producing our own Christmas Cards in the printing section. The ladies dressed dolls to be given to the Council of Social Service for distribution, and the men repaired furniture and toys for the Riverside Day Nursery. Other activities included general crafts, woodwork and dressmaking.

During the year referrals were received for 59 people, 5 of whom failed to attend, and their ages ranged from 14 years to 82 years. Sources of referral were mainly Psychiatrists, General Practitioners, Mental Welfare Officers and the Child Guidance Service. One person with a marked physical disability was referred from Gallaway House to the City Welfare Department for Occupational Therapy as she needed the social contact of a group situation, but was unable to cope with the physical lay out of Gallaway House. In special circumstances it was possible, to accept a few people from the Millbrook Training Centre for limited periods.

Of the 70 people who attended Gallaway House during the year, it was found that 25 were intellectually retarded in varying degrees. Our experience has been that this type of patient can only be absorbed when their ratio does not exceed about 1:10 of those under treatment, because they require a disproportionate amount of the Therapist's time, and the larger group of mentally disordered tends to be correspondingly neglected.

We have no doubt that those with a fairly heavy intellectual handicap derive greater benefit from attending the Millbrook Training Centre, and Gallaway House has helped in some cases by making it possible for both relatives and patients to accept that Millbrook is the more appropriate treatment setting. However, Gallaway House can benefit some special cases in this group, for example, a young man who declined to attend Millbrook Training Centre but who subsequently attended Gallaway House; within nine months he was in employment for the first time in his life.

Our experience to date confirms the importance of a principle stressed by May and Smith (1964) namely, that before it is reasonable to expect an employer to consider a patient as a candidate for a job, the patient's motivation to work should be apparent beyond doubt. The work of the department is focussed on stimulating this motivation to the point where it is the patient who brings the subject forward for consideration.

Patients who attended during the year	70
New referrals included in above	59
Working days	250
Sessions	500
Average attendance per session	10
Returned to paid employment	7
Attending at 31.12.64	29

**Social Workers:**

The social work service had barely begun to benefit by being at full strength upon the appointment of Miss Prior when Mr. Hills left us. In the face of this continuing staff shortage it has been necessary to withdraw support from some people prematurely, though every effort has been made to ensure that problems most needing social worker help are attended to. Staff shortages always place a service under stress, but the position is even more serious when the shortage occurs at a period of increased loading.

The demands upon the service are increasing, largely due to new attitudes to treatment which, whilst involving long term admission to hospital less frequently, call for considerable toleration on the part of relatives and the community, and make great demands upon the social workers in coping with problems of disturbed interpersonal relationships. Family casework is not new to the mental health service, its practice has continued uninterrupted since the early days of the mental deficiency visitors, and the mental welfare officers have upheld this tradition throughout the year, achieving a fair measure of success with some extremely complex family problems.

### Springfield House:

It had been hoped that this proposed hostel for the elderly mentally infirm would be ready to be opened early in 1965, but at the end of the year it was obvious that this was an over optimistic view. There has been broad agreement with the Minister over the plans for converting the premises, but it now becomes clear the the Hostel will not be opened until late 1965 or early 1966.

### Social Clubs:

Apart from the Social Club at Gallaway House, already referred to, two other clubs continue to function successfully. These are the Millbrook Club for mentally handicapped adolescents and adults, which meets twice a month at Millbrook Training Centre, and the Friendship Club for psychiatric patients which meets weekly at the Friends' Meeting House. The former is run by the Bath and District Society for Mentally Handicapped Children, and the latter by the Bath Council of Social Service.

### Courses and Conferences:

During the year members of the staff attended courses and conferences on the following subjects:

"The Mental Health Services in Action." .....	Mrs. F. Tavender and Mr. A. Austin
National Association for Mental Health Annual Conference .....	Councillor Mrs H. Miles and Mr. A. Austin.
Refresher Course, Training Centre Staffs. ....	Mrs. G. I. Taylor and Mr. F. G. Hawkins.
Pottery Courses .....	Miss S. M. Jenkins and Mr. F. G. Hawkins.
"Prevention of Mental Ill Health"	} Mr. A. Austin.
"After Care" .....	
"Dementia in the Elderly" .....	
"Scientific Study of Mental Retardation." .....	Mr. A. Austin
"The Educationally Subnormal Child." .....	Miss I. L. Wills.
"Child Mental Health"	Dr. R. M. Ross and Mr. A. Austin.
"Liaison between Local Authority and Hospital Services." .....	Mr. R. L. Reddish.

## Tables:

Table 1 gives an account of the cases referred to the service either for the first time, or re-referred after previous help had ceased. The number of completely new cases included is 210. There was an overall increase of 14 per cent on the 1963 figures, while references from General Practitioners rose by 52 per cent.

Table 2 shows the number of patients admitted to hospital or afforded community care. Other outcomes of referral, e.g. referral to other agencies, are not included.

Table 3 shows the numbers receiving active community care in one form or another.

**Table 1:**

REFERRED BY:	<i>Number of Patients referred during the Year</i>				<i>Totals</i>
	<i>Mentally Ill</i>	<i>Psychopathic</i>	<i>Subnormal</i>	<i>Severely Subnormal</i>	
General Practitioners .....	186	—	6	—	192
Hospitals, on discharge from In-patient treatment .....	69	—	5	—	74
Hospitals, after or during Out-patient or day treatment .....	16	—	—	—	16
Local Education Authorities .....	1	—	1	6	8
Police and Courts .....	17	—	1	—	18
Other Sources .....	60	2	13	12	87
<b>Total:</b>	<b>349</b>	<b>2</b>	<b>26</b>	<b>18</b>	<b>395</b>

**Table 2:**

DISPOSITION OF CASES:	<i>Male</i>	<i>Female</i>	<i>Totals</i>
Hospital Admissions:			
Informal .....	64	127	191
Observation (Sec. 25) .....	7	21	28
Observation (Sec. 29) .....			
Emergency .....	7	17	24
Treatment (Sec. 26) .....	—	2	2
Community Care .....	28	39	67
<b>Total:</b>	<b>106</b>	<b>206</b>	<b>312</b>

**Table 3:**

	<i>Mentally Ill</i>	<i>Psychopathic</i>	<i>Subnormal</i>	<i>Severely Subnormal</i>	<i>Totals</i>
(1) Attending Day Training Centres .....	19	—	9	50	78
(2) Not attending Centres, but in receipt of home visits by social workers .....	88	—	45	40	173
<b>Total:</b>	<b>107</b>	<b>—</b>	<b>54</b>	<b>90</b>	<b>251</b>

## SECTION D INFECTIOUS DISEASE

The table on page 27 sets forth the notifications for 1964, which were at a gratifying low level. The following cases were admitted to hospital:—

Scarlet Fever .....	2	Puerperal Pyrexia .....	3
Dysentery .....	1	Measles .....	3
Food Poisoning .....	3	Whooping Cough .....	4

All 3 cases of puerperal pyrexia were transfers from maternity wards of other hospitals.



For the eleventh successive year there was no case of diphtheria, nor was a case of poliomyelitis notified. There were probably many more cases of Sonne Dysentery in young children than the 41 notified; in the great majority of cases the disease is so mild, merely a transient diarrhoea, that medical aid is not sought.

**Food Poisoning:** Sixteen cases were notified during the year. Four were family outbreaks involving a total of 9 cases, and there were also 7 single cases. *Salmonella brandenburg* was isolated in 11 instances, and *salmonella typhimurium* and *salmonella muenchen* accounted for one case each. *Staphylococcus aureus* was involved in one family outbreak, and in one case the causative agent remained unidentified. Since no two households could be shown to have been infected from the same shop, and all remains of suspect food had disappeared before notification, no firm conclusion could be drawn on vehicles of infection.

**Tuberculosis:** 25 cases (15 male and 10 female) of pulmonary tuberculosis, and 2 non-pulmonary cases, were notified. For the first time there were no deaths.

A Health Visitor, who made 970 domiciliary visits to 223 households in the course of the year, is employed full-time on chest work, attending Chest Clinics, following up contacts, supervising home treatment, dealing with the many social and financial problems of patients and their families, and arranging diversionary occupation for those unable to work. She also helps to co-ordinate the many valuable activities, recognised by a grant from the Bath City Council, of the voluntary After Care Committee, which has recently associated itself with the Chest and Heart Association. These include the provision of a caravan at Weston-super-Mare, in which eleven families enjoyed a holiday in 1964 and a weekly Social Club.

By arrangement with the Regional Hospital Board, a Chest Physician gives one session per week to guiding and advising the L.H.A. staff, and carrying out B.C.G. vaccination of contacts. 92 were vaccinated.

Patients referred to Chest Clinic for examination	.....	.....	2,822
Found tuberculous	.....	.....	27
Contacts examined	.....	.....	173
Found tuberculous (included above)	.....	.....	4

In the course of 1964, the Mass X-ray Unit commenced frequent, regular, visits to Bath (Charlotte Street Car Park, Fridays 2.30-3.45 p.m.) This facility is very convenient for local family doctors, and for the Health Department, allowing X-ray of all Council employees who are in professional contact with children. The general public are also free to attend these sessions without an appointment. Such a selective use of Mass X-ray is likely to yield more cases than the traditional annual visits to factories where, for the most part, the more healthy individuals return year after year. 1,074 attended these sessions, which have now increased from fortnightly to weekly.

In all, the Unit X-rayed 7,119 in the course of the year, yielding only one active case of tuberculosis requiring close clinical supervision. A further 7 healed cases were found, as were 40 non-tuberculous conditions.

Hospital accommodation is available at Winsley Chest Hospital, and cases requiring operative treatment are admitted to Frenchay Hospital, Bristol. Most patients spend a relatively short time in hospital and continue treatment at home. They are supervised at the Chest Clinic with the provision of district nursing, if necessary. Domestic help can also be made available, and 39 cases received free milk.

## Venereal Disease:

Arrangements for investigation and treatment continued unchanged; details of clinics are appended on page 27.

The following table shows the number of Bath residents attending clinics in the course of the year. For this and the other statistical information I am indebted to Dr. Cree, Regional Hospital Board Consultant, who is responsible for this service. The table indicates the number of attendances of Bath residents at the local clinics in recent years, and the number of new cases recorded:

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>
1960	8	26	47
1961	8	46	118
1962	4	41	97
1963	6	21	119
1964	8	43	110

In terms of age, the 161 attenders fell into the following groups:

	<i>Under 15</i>	<i>15-20</i>	<i>20-25</i>	<i>Over 25</i>
Male	11	18	29	57
Female	4	17	8	17

No person under 15 years of age was found to have venereal disease. The three males and one female in the 15-20 age group were in the latter part of this age span. The great majority of all ages require advice and reassurance only.

**Prevention.** The problem is essentially a social one, with implications far wider than the purely medical. Relevant information is made available in senior schools and in youth clubs by members of the staff. It was evident that a uniform policy of instruction is impracticable since the individual approach of head teachers to this aspect of health education is so very varied. Although naturally all are agreed that the primary responsibility rests on parents, many of the latter are unable or unwilling to fulfil it, and others responsible for the instruction and well being of the young have an important part to play. A special committee under the Chairmanship of the Education Committee Chairman met throughout the year, considering the many complex issues involved in such instruction.

Full use was made of various types of propaganda available from central sources. Control of this social evil involves altered attitudes and behaviour on the part of a much wider section of the population than the adolescent group alone.

## LABORATORY WORK

The work of the Health Department is greatly assisted by the facilities offered by the laboratories at the Manor and St. Martin's Hospitals and the Public Health Laboratory at the Manor Hospital, the guidance of whose Director is in frequent and much appreciated demand.

For details of analyses of food and drugs, milk, ice cream and water carried out by the City Analyst and the Public Health Laboratory, see pages 65 and 72.

## MISCELLANEOUS

### Re-housing:

Adequate housing and relief of overcrowding still remain of leading importance in securing the conditions of healthy family life, and mitigating the consequences of illness and disability. It is therefore with the greatest



appreciation that the Public Health Department wishes to acknowledge the consideration, sympathy, and help given to cases put forward. Many hundreds of such recommendations have been submitted by family doctors and hospitals, and investigation and assessment involve a very heavy load of work for both Public Health Inspectors and the Deputy Medical Officer of Health.

### **National Assistance Act:**

Although several cases of aged and infirm persons living in unsanitary circumstances were reported to the Health Department, it was fortunately necessary to exercise the powers for emergency removal under the National Assistance Acts in only two cases. One person was placed in one of the Council's Old Persons' Homes, and the other was admitted to Hospital. In each case the procedure authorised in the National Assistance (Amendment) Act 1951 was used.

### **Nursing Homes:**

These are visited by the Superintendent Nursing Officer and a member of the medical staff. There is at present no private maternity or mental nursing home in Bath. The seven registered nursing homes have provision for 148 patients.

### **Superannuation Examinations:**

Since such examinations involve a complete medical examination, comparable to that for ordinary insurance purposes, this little known responsibility of the Health Department demands a significant part of the medical staff's time, and examination of new appointments to the staff frequently involves urgent calls on the medical officers which are extremely difficult to reconcile with their other obligations in clinics and schools.

The number of examinations of Council employees carried out by our Medical staff for superannuation and other purposes, during 1964 was 322. In addition 21 examinations were carried out for other authorities, and 72 candidates for Training College were examined. An X-ray examination of the chest is now obligatory for candidates in contact with children.

### **Haycombe Crematorium:**

The considerable demands made on medical and clerical time by the responsibilities of the Medical Officer of Health and Deputy Medical Officer of Health as Referees to the Crematorium, continued. Each case requires the scrutiny of four documents, including two medical certificates, which not infrequently involve time consuming enquiries.

Particularly in cases from rural areas, the time available for such investigations is often very short indeed, as every effort is made to avoid embarrassment to relatives, such as would arise from the postponement of the service. There is, often, consequently, considerable difficulty in reconciling these demands with other urgent requirements which fall to the lot of all public health staff.

The number of certificates dealt with were as follows:

1961	549 (from 7.4.1961)
1962	1,051
1963	1,379
1964	1,355



# CLINICS AND TREATMENT CENTRES

DAYS AND TIMES OF ATTENDANCE, DEC. 1964

	<i>See also page</i>	<i>Mon.</i>	<i>Tues.</i>	<i>Wed.</i>	<i>Thurs.</i>	<i>Fri.</i>
<b>Infant Welfare Centres:</b>						
Blue Coat House	10		2.30-4			2.30-4
Walcot	"			2.30-4		
Oldfield Park	"			2.30-4		
Southdown	"	2.30-4				
Odd Down	"		2.30-4			
Weston	"	2.30-4				
Twerton	"				2.30-4	
<b>Ante-Natal and Post Natal Clinic:</b>						
45 Rivers Street				10.30-12		
<b>Maternity and Child Welfare Dental Clinic</b>						
Blue Coat House		By appointment				
<b>Tuberculosis:</b>						
Chest Clinic, Manor Hospital		2-4			2-4	2-4
<b>Venereal Diseases:</b>						
Men (R.U.H.)			5-6.30			5-6.30
Women (R.U.H.)			5-6.30			2.30-4

## CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1964

Cases Notified	<i>Total</i>		<i>Under 1</i>		<i>1-5</i>		<i>5-14</i>		<i>15-44</i>		<i>45 &amp; over</i>	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
Scarlet Fever	15	24	—	—	7	5	8	18	—	1	—	—
Pneumonia	2	4	—	—	—	—	—	—	2	—	—	4
Erysipelas	1	2	—	—	—	—	—	—	1	—	—	2
Puerperal Pyrexia	—	12	—	—	—	—	—	—	—	12	—	—
Dysentery	24	17	1	1	9	4	8	3	4	8	2	1
Food Poisoning	5	11	—	—	2	4	—	—	2	4	1	3
Measles	124	130	5	5	69	74	48	49	2	2	—	—
Whooping Cough	15	24	—	—	7	5	8	18	—	1	—	—
Meningococcal Infection	—	1	—	—	—	—	—	—	—	1	—	—
Typhoid	1	—	—	—	—	—	1	—	—	—	—	—
Paratyphoid	1	—	—	—	—	—	—	—	1	—	—	—
Malaria	1	—	—	—	—	—	—	—	—	—	1	—
Pulmonary Tuberculosis	14	11	—	—	—	1	—	4	9	2	5	4
Other Tuberculosis	—	2	—	—	—	—	—	—	—	1	—	1

## CITY OF BATH

Causes of, and Ages at, Death during 1964 (Compiled by the Registrar General)

Causes	Persons	All Ages		Under 4 weeks		4 Weeks & under 1 year		1-5		15-25		35-45		55-65		75-							
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F						
1. Tuberculosis, Respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
2. Tuberculosis, Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
3. Syphilitic Disease	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1 1						
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
6. Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
9. Other Infective and Parasitic Diseases	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
10. Cancer of Stomach	24	13	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
11. Cancer of Lung, Bronchus	36	32	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
12. Cancer of Breast	24	—	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
13. Cancer of Uterus	7	—	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
14. Cancer, other Sites	111	53	58	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
15. Leukaemia, Aleukaemia	8	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
16. Diabetes	7	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
17. Vascular Lesions Nervous System	144	55	89	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
18. Coronary Disease, etc.	200	113	87	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
19. Heart Disease with Hypertension	9	7	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
20. Other Heart Disease	108	36	72	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
21. Other Circulatory Diseases	49	18	31	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
22. Influenza	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
23. Pneumonia	67	30	37	1	1	3	1	—	—	—	—	—	—	—	—	—	—						
24. Bronchitis	46	29	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
25. Other Respiratory Diseases	20	18	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
26. Ulcer Stomach and Duodenum	8	6	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
27. Gastritis, Enteritis and Diarrhoea	4	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
28. Nephritis and Nephrosis	5	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
29. Hyperplasia of Prostate	6	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
30. Pregnancy, Childbirth, Abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
31. Congenital Malformations	8	2	6	3	—	2	—	—	—	—	—	—	—	—	—	—	—						
32. Other Diseases	74	28	46	11	7	—	—	—	—	—	—	—	—	—	—	—	—						
33. Motor Vehicle Accidents	9	7	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
34. All other accidents	39	19	20	—	—	2	—	—	—	—	—	—	—	—	—	—	—						
35. Suicide	16	9	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
36. Homicide, etc.	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Total	1036	495	541	12	12	5	3	3	3	5	1	4	1	11	6	34	22	92	58	134	119	192	316

# STAFF—December 1964

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## PUBLIC HEALTH DEPARTMENT

*Address:* The Health Department, Sawclose, Bath.

*Tel.:* Bath 5411 or 60491.

*Medical Officer of Health and Principal School Medical Officer:*

R. M. Ross, M.B., Ch.B., D.P.H.

*Deputy Medical Officer of Health and Deputy Principal School Medical Officer:*

P. Lavis, M.B., Ch.B., D.P.H.

*Assistant Medical Officers:*

Helen M. H. Mack, M.B., Ch.B.

E. A. Lois Blake, B.A., M.B., B.Ch., B.A.O., D.Obst.R.C.O.G.

J. P. Hutchby, M.B., B.Ch., B.A.O.

*City Analyst:*

G. V. James, M.B.E., M.Sc., Ph.D., F.R.I.C.

*Chief Public Health Inspector:*

R. V. Redston, D.P.A., M.R.S.H., F.A.P.H.I.

*Deputy Chief Public Health Inspector:*

G. W. Dhenin, M.R.S.H., F.A.P.H.I.

*District Public Health Inspectors:*

R. J. Pendlebury, D.P.A., M.A.P.H.I.

D. G. I. Smith, D.P.A., M.A.P.H.I.

R. E. Adams, M.A.P.H.I.

T. Hemmings, M.A.P.H.I.

W. J. Pearce, M.A.P.H.I.

A. Johnson, M.A.P.H.I.

B. Sherlock, M.A.P.H.I. (from 1.9.64).

*Pupil Inspectors:*

A. J. Pentecost.

R. N. Barrett.

R. J. Barrow (from 10.8.64).

*Rodent Officer:*

R. E. Hanham.

*Superintendent Nursing Officer:*

Miss D. S. Norman, S.R.N., S.C.M., H.V. Cert., Q.N.

*Senior Health Visitor:*

Miss S. E. Jones, S.R.N., S.C.M., H.V. Cert.



*Health Visitors (and School Nurses):*

Mrs. G. Chinnery, S.R.N., S.C.M., H.V. Cert.  
Miss E. J. Osborne, S.R.N., S.C.M., H.V. Cert.  
Miss B. D. Francombe, S.R.N., S.C.M., H.V. Cert.  
Miss Y. M. Clarabut, S.R.N., S.C.M., H.V. Cert.  
Mrs. E. Longstone, S.R.N., S.C.M., H.V. Cert.  
Mrs. E. Snell, S.R.N., S.C.M., H.V. Cert.  
Mrs. M. J. Ayling, S.R.N., S.C.M., H.V. Cert.  
Miss R. M. Purnell, S.R.N., S.C.M., H.V. Cert.  
Miss F. M. Baker, S.R.N., S.C.M., H.V. Cert. (from 29.6.64).  
Miss K. J. Minion, S.R.N., S.C.M., H.V. Cert. (from 1.1.64).  
Miss M. E. Bodys, S.R.N., S.C.M., H.V. Cert. (from 2.11.64).  
Mrs. R. M. Robinson, S.R.N., S.C.M., H.V. Cert. (from 1.12.64).

*Tuberculosis Health Visitor:*

Miss J. E. Bailey, S.R.N., S.C.M., H.V. Cert., T.A. (Cert.).

*Health Visitor Trainee:*

Miss M. Orfeur, S.R.N., S.C.M.

*Clinic Nurse (Part-time):*

Mrs. A. N. Pearce, S.R.N., S.C.M., H.V. Cert.

*Matron, Riverside Day Nursery:*

Mrs. H. A. Hunt, S.R.N.

*Deputy Superintendent, Home Nursing Service:*

Miss C. I. Lewis, S.R.N., S.C.M., Q.N.

*Council Midwives:*

Miss J. A. Young, S.C.M.  
Miss I. M. M. Ward, S.R.N., S.C.M.  
Miss I. A. Trueman, S.R.N., S.C.M.  
Miss E. E. Loynes, S.R.N., S.C.M., H.V. Cert. (Part-time).  
Mrs. A. A. Davies, S.R.N., S.C.M. (from 7.9.1964).

*Home Nurses:*

Mrs. T. Allen, S.E.N., Mrs. N. Booth, S.R.N., S.C.M., Mrs. E. Chapman, S.R.N., Miss M. Davis, S.E.N. (from 9.3.64), Miss I. E. Davison, S.R.N., Q.N., (from 22.8.64), Mrs. E. L. Dunn, S.R.N., Q.N., Mrs. R. O. Evans, S.R.N., Q.N., Mrs. M. Harvey, S.R.N., (from 17.8.64), Mrs. M. E. Indoe, S.R.N., Q.N., Miss P. Kirkby, S.R.N., S.C.M., Q.N., (from 5.2.64), Mrs. E. Leadbeater, S.R.N., S.C.M. (Part-time), Mrs. E. Love, S.R.N., (Part-time), Mrs. M. A. Luscombe, S.R.N., Miss G. P. Preston-Thomas, S.R.N., Q.N., Mrs. H. K. Prutton, S.R.N., (Part-time), Mrs. D. M. Stevens, S.R.N., (Part-time), (from 23.11.64), Miss M. J. H. Taylor, S.R.N., S.C.M., Q.N., Mrs. H. D. Walker, S.R.N., (Part-time), Mrs. S. Yarrow, S.R.N., S.C.M., (from 1.4.64).

*Superintendent of Mental Health Services:*

A. Austin.

*Mental Welfare Officers:*

R. L. Reddish, Dip.Soc.Sc., R.M.N. (Senior).

J. G. McLeod, S.R.N., R.M.N.

Miss M. P. Prior, C.S.W. (from 1.8.64).

*Senior Occupational Therapist:*

Miss S. M. Jenkins.

*Male Craft Inspector:*

J. T. Nix.

*Supervisor, Junior Training Centre:*

Miss I. L. Wills.

*Assistants, Junior Training Centre:*

Mrs. D. M. Clark (from 1.4.64).

Mrs. G. I. Taylor (from 25.5.64).

*Handicraft Instructors:*

S. J. Gray.

F. G. Hawkins (from 1.6. 64).

*Home Help Organiser:*

Mrs. E. M. Reeves.

*Clerical Staff:*

C. J. Taylor, D.P.A. (Chief Clerk), R. G. Lavis, D.P.A., Mrs. B. M. Read, A. Ashman, J. Brann, Miss E. N. White, Miss M. N. Stone, Mrs. P. Little, Miss A. F. Tollerton, Mrs. M. Hurd, Miss R. A. Broadway, Mrs. B. O'Neill, Mrs. E. L. Dodd (from 15.10.64), Miss M. M. Webley (from 27.4.64).

# ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

R. M. ROSS, M.B., Ch.B., D.P.H.

FOR THE YEAR 1964

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## CITY OF BATH EDUCATION COMMITTEE

*Chairman:* Mrs. Councillor G. Maw

*Deputy Chairman:* Councillor R. G. H. Hiscocks

His Worship the Mayor, Councillor George Emanuel Mayer

*Aldermen:* W. H. Gallop, A. L. Ricketts, W. H. Rossiter, Major G. D. Lock.

*Councillors:* P. Adams, Mrs. K. M. Coates, A. J. Cooper, R. F. Emmerson, Major W. E. Evans, M. L. Giles, Mrs. A. E. M. Hanna, J. G. Hornblower, W. P. Johns, B. S. P. Jones, E. Paul, R. H. Purdie, Miss M. E. Rawlings,

### *Co-opted Members:*

Mr. R. O. H. Dann, The Ven. A. Hopley, Mr. D. W. Humphreys, The Rev. J. J. Kelly, Mr. A. G. C. King, Mr. A. Mayland, The Rev. B. G. Medd, Mrs. M. F. Moorhouse, Mr. A. B. Sackett, Mr. F. N. Smith.

### *Special Services Sub-Committee:*

*Chairman:* Alderman W. H. Rossiter.

*Councillors:* Mrs. K. M. Coates, Mrs. A. E. M. Hanna, Mr. D. W. Humphreys, Mr. A. G. C. King, Mr. A. Mayland, and The Rev. B. G. Medd.

### *Advisory—Non-Members of the Education Committee:*

Miss E. B. Hall, Mrs. E. M. Ridley, Mrs. J. Wesley Whimster.



TO THE WORSHIPFUL THE MAYOR, THE ALDERMEN AND COUNCILLORS OF  
THE CITY OF BATH.

MR. MAYOR, LADIES AND GENTLEMEN,

I am again indebted for the following report to Dr. P. Lavis, as indeed for the administration of the service, in which he plays a leading part on the clinical side also.

There is excellent co-operation between the School Health Service, the General Practitioners, and the Hospital Services, and School Medical Officers regularly attend paediatric clinics at the Royal United Hospital. This has proved of invaluable use to the doctors concerned as well as to the children. By this means the hospital staffs can be kept informed of the best way in which the Local Authority Services can be used. I would particularly like to mention Mr. Stevens, who has spared no effort to improve the well-being of children with hearing problems.

Towards the end of the year a Working Party Report on "The Handicapped School-leaver" was published. The main purpose of the report is to bring to light the particular difficulties facing these young people, and to highlight the need for provision to be made early for career training and to suggest ways whereby the transfer from school to work is made more smoothly. Discussions have taken place between all the interested parties, and in the coming year, meetings will be held so that a co-ordinated effort is made to ensure that these handicapped persons are adequately catered for in such a way that they are enabled to use their skills and abilities to be as independent as possible.

There were no changes in the medical staffing during the year. In the special departments Mrs. J. E. Garthwaite, teacher of the deaf since 3rd September 1962, resigned on 31st August, 1964. I must thank Mrs. Garthwaite for her valuable service over the two years, and mention the fact that it was her invaluable help that made possible the establishment of the junior unit for Partially Hearing children. We hope that she will be able to return in the future and use her scarce skills again for the benefit of these children. There was an unavoidable gap in finding a replacement, and Miss Fish (Peripatetic Teacher) took her place until a successor was appointed at the end of the year.

The Speech Therapist, Miss K. Lloyd, also resigned on 31st March, 1964, when she moved to the U.S.A. with her parents. Many children and their parents expressed gratitude for the help Miss Lloyd had given them, especially for the obvious care whereby she gained rapport with children. Again there was an interval until the appointment of a successor (Miss G. Matthews), again reflecting the acute shortage of suitably qualified personnel.

We are also indebted to members of the Council, especially those of the Education Committee who have listened sympathetically to the many cases and problems that are put before them throughout the year. The Director of Education and his Staff have provided continual support and advice, and Mr. Hooper of the School Welfare Department for helping us over some of the most difficult aspects of the work.

I am, Mr. Mayor, Ladies and Gentlemen,

Yours faithfully,

R. M. ROSS

*Medical Officer of Health and  
Principal School Medical Officer.*

August, 1964.

## BATH LOCAL EDUCATION AUTHORITY

SCHOOL POPULATION, JANUARY, 1965	.....	.....	11,653
Secondary Grammar	.....	.....	1,272
Secondary Technical	.....	.....	514
Secondary Modern	.....	.....	3,204
Day Special	.....	.....	153
Primary Juniors	.....	.....	3,695
Primary Infants	.....	.....	2,815
			<hr/> 11,653 <hr/>

Documents were transferred in respect of 421 children moving into Bath, and 379 proceeding to areas of other Education Authorities.

### MEDICAL EXAMINATION:

No change was made in the procedure of carrying out full medical examination of every child shortly after school entry, at 10–11 years of age, and prior to school leaving.

Close relations exist between the school staffs and the Health Department, and the exchange of relevant information made for efficient and useful work. Similarly the hospital staffs and general practitioners help considerably in ensuring adequate treatment where necessary.

During the year 5,008 examinations were carried out resulting in the subsequent treatment of 878 defects. A further 1,511 necessitated close observation. The number of children found to be in "Unsatisfactory condition" remains small, though, of course, this relates to over-all general health, and not to individual points, e.g. dental health.

In the last few years much new knowledge of the developmental factors in human growth has been gained. In addition more is being learned about the effects of various organic disorders on children's behaviour and learning abilities. This information can now be usefully employed in helping children over difficulties that were previously not understood. Routine medical examinations are carried out with these facts uppermost in the minds of the doctors, and with the continued improvement in general health more attention is devoted to these aspects.

### Facilities for School Medical Officers and School Nurses:

Uninterrupted use of a room was made available for this purpose in 11 out of 26 Primary Schools, and in all Secondary Modern Schools.

In 1964 the following examinations were made after 361 visits to schools by Medical Officers.

#### (a) ROUTINE—

Entrants	.....	.....	1,113
Second age group	.....	.....	912
Third age group	.....	.....	1,036
		Total:	<hr/> 3,061 <hr/>
Other periodic examinations	.....	.....	519
		Grand Total:	<hr/> 3,580 <hr/>

#### (b) Other Examinations—

Specials	.....	.....	164
Re-examinations	.....	.....	1,264
		Total:	<hr/> 1,428 <hr/>

**Other examinations carried out include—**

Certifications of Fitness for part-time employment	289
Ascertainment of "Handicapped" Pupils	39
Prior to admission or return to Residential Schools	85

**SCHOOL NURSES' EXAMINATIONS**

The School Nurse, in most cases a Health Visitor who has known the children from birth, is able to maintain even closer contact with the school than is possible for the Medical Officer, and her knowledge of the home background can be of much assistance to the teaching staff. There is much more involved in her visit than the examination for cleanliness and head infestation, although this unfortunately cannot yet be dispensed with.

Such frequent contact enables the experienced nurse to notice also more serious defects at an early stage: to follow the progress, physical and otherwise, of her charges; and to collaborate with the teacher in the close supervision of those children who are not thriving, or failing to show satisfactory educational progress. This link between school, clinic, and, if necessary, the home, is particularly valuable to the small minority of children whose home care is inadequate.

Two full-time School Nurses and twelve Health Visitors giving part of their time to School Health work are engaged in attendance at School Medical Examination, at the Minor Ailment Clinics, in cleanliness examinations and in following up cases in their homes. A total of 1,372 school and 883 follow-up visits to school children's homes in connection with cleanliness and other matters were made.

**HEALTH EDUCATION IN SCHOOLS**

Miss S. Jones, Senior Health Visitor reports:

Health education in schools was carried on continuously by the health visitor/school nurse during her regular visits for purposes of hygiene and medical examinations and general health supervision. She used posters and other visual aids to demonstrate subjects under discussion, and met children individually and in small groups.

A film on the dangers of smoking was offered to senior schools, and posters and leaflets on this subject were made available.

Staffs of senior schools were invited to see films dealing with sex education and venereal disease.

**Cleanliness Examinations (Education Act 1944, Section 54):**

Visits by School Nurses to Schools	.....	.....	324
Home Visits	.....	.....	225
Number of examinations	.....	.....	16,739
Cases of infestation	.....	.....	146

It was not found necessary to issue either Cleansing Orders or Cleansing Notices in any of these cases, most parents being fully receptive of advice and treatment given by the School Nurse.

Treatment is now an extremely easy matter, and, provided all members of the household of a case co-operate, there is little or no loss of school attendance.

**SCREENING TESTS:**

These tests are now well established and are proving their value. The emphasis on developmental examinations by Health Visitors and doctors at the infant welfare clinics, should bring to light those children with



abnormal special senses earlier, and enable faults to be rectified as far as possible before they start school. However, there are many children who are not seen and examined for this purpose until they start school, and screening tests are very necessary. There are also the known hazards of accidents and disease which affect the special senses at any age, and eyesight also alters in children, especially from the age of 8-9 years onwards. The need for these tests will therefore continue.

Children are tested for hearing and visual acuity shortly after school entry. Their vision is retested again at ages 7-9 and 11 and then annually. The colour vision of boys is checked at 10-11 years.

## HANDICAPPED CHILDREN

Under Section 34 of the Education Act 1944 it is the duty of every Local Education Authority to ascertain which children in their area require special educational treatment. This requirement extends to children from the age of two years. Normally, of course, all handicapped children, and those suspected of being handicapped, are known to the Health Department from birth. They are regularly examined, and receive help and guidance from Health Visitors and Medical Officers whenever required. Preparations for the most suitable educational treatment are made as soon as this is indicated. Whenever possible (as in most cases) handicapped children are encouraged to take their place in the normal school system. In some instances extra provision is made (e.g. transport facilities, special educational treatment), to enable them to do this. However there are a number of children with severe handicaps who must be placed in a special school. Although it can be argued that such a child is made to "feel different" from others because of this special placement, they would without doubt feel very different if they had to cope with a normal school life. Apart from this, the avoidance of absences, the strains put upon them in the ordinary school, and the danger of worsening their handicap, make it imperative for these children to be specially catered for. Nevertheless every effort is made to retain a child in normal school whenever possible, especially in the primary group.

Happily, it can be reported that most handicapped children are found suitable places for their education. The exceptions to this are the maladjusted, and the very young physically handicapped.

It is particularly difficult to cater for the maladjusted child for two reasons. Vacancies in suitable schools are few and far between. In addition, the parents often tend to reject advice offered, and refuse what vacancies are offered. There is not likely to be an improvement in this situation in the foreseeable future. The need for a day unit for these children becomes more urgent. Not only would this offer help for children who are inadequately cared for at present, but in addition, some children at present in residential schools could be brought back home.

We are also unable to send new children to Claremont School, Bristol, as formerly. Unfortunately the numbers of Bristol children (who naturally have prior claim) requiring admission mean that this school can only take physically handicapped Bath children when there are special reasons for their admission. When the parents can cope with such a child at home, it is important that the child should not be sent to a residential school so early in life. As he gets older, separation is less damaging and a residential school can usually be found to accept him. The problem is confined to those children up to about 8 years, at present.

A logical further stage in development of facilities for the partially hearing is also now due. This is the establishment of a unit attached to an infant school. There are sufficient children in Bath and the neighbourhood to form this unit, on lines similar to the Junior one which is functioning with excellent and satisfying results.

(For commentary on individual classes of handicap, please see Annual Report for 1963.)

## BLIND and PARTIALLY SIGHTED:

### Special School Places:

Residential.	Exhall Grange, Exhall, Warwickshire	....	.....	3
Day.	South Bristol Open Air School	.....	.....	1
Number ascertained in 1964	.....	.....	.....	—
Number placed in 1964	.....	.....	.....	—
Awaiting placement on 31.12.64	.....	.....	.....	—

## DELICATE:

### Special School Places:

RESIDENTIAL.	Truro School, Cornwall	.....	.....	1
	School of St. Clare, Penzance, Cornwall	.....	.....	1
	Pilgrims School, Seaford, Essex	.....	.....	1
	Penoyre House School, Brecon	.....	.....	1
	St. Patrick's Open Air School, Hayling Island	.....	.....	1
Number ascertained in 1964	.....	.....	.....	2
Number placed in 1964	.....	.....	.....	2
Awaiting placement on 31.12.64.	.....	.....	.....	Nil

## PHYSICALLY HANDICAPPED:

### Special School Places:

RESIDENTIAL.	Ian Tetley School, Harrogate	.....	.....	1
	Burton Hill House, Malmesbury	.....	.....	1
	St. Rose's School, Stroud	.....	.....	1
	Lord Mayor Treloar College, Alton	.....	.....	1
	Dame Hannah Rogers School, Ivybridge	.....	.....	1
DAY.	Claremont School, Bristol	.....	.....	2
	Convent School, Bath	.....	.....	1
Home Tuition	.....	.....	.....	2
Number ascertained in 1964, (Not requiring Special School placement)	.....	.....	.....	1
Number placed in 1964	.....	.....	.....	1
Awaiting placement on 31.12.64 (residential)	.....	.....	.....	1

## DEAF and PARTIALLY HEARING:

### Special School Places:

RESIDENTIAL.	Royal West of England School for the Deaf, Exeter	.....	2 (deaf)
	Royal West of England School for the Deaf, Exeter	.....	1 (partially hearing)
	Wessington Court School, Woolhope	.....	1 (partially hearing)
DAY.	Partially Hearing Unit, South Twerton School, Bath	.....	5
		.....	2 (other authorities)
NORMAL SCHOOL		.....	2 (partially hearing)
	Newly assessed 1964	.....	5
	Re-assessed 1964 and placed in Unit	.....	1
Children wearing hearing aids			20
	(3 of these supplied by Education Authority during 1964)		

Miss J. Fish (Peripatetic Teacher) reports:

Work amongst deaf and partially hearing children in the City has continued to expand. From January 1964, two Teachers of the Deaf have been engaged in the assessment and teaching of hearing-impaired children.

1964 saw the opening and working of the Partially Hearing Unit in South Twerton Junior School. This is a classroom specially designed and equipped with amplifying apparatus which is adjustable to the individual needs of the children suffering from a varying degree of hearing impairment. The class caters for eight children—a necessarily small number because of the amount of specialised individual teaching required.

Children attend the Unit from Bath and surrounding districts including Somerset and Wiltshire County. These children have a handicap which prevents them from gaining full benefit in the larger class at school, but are insufficiently handicapped for residential education. Some may be admitted on a temporary basis for remedial help in basic subjects after becoming seriously retarded through lack of normal hearing in their ordinary class. Until July 1964, the Unit was staffed by Mrs. Garthwaite, whilst a newly appointed Teacher of the Deaf carried on the peripatetic work in the City. Systematic screening tests of hearing among infant children was continued this year, and earlier detection has helped to minimise medical and educational problems.

Hearing aids, in some cases specially prescribed types, have been issued to several children and are proving a great advantage in lessening their handicap.

Babies registered as “at risk” are systematically tested for deafness, and hearing defects which at one time were overlooked are now being dealt with. A course of parent guidance is now being given to parents of pre-school children with impaired hearing. This enables an otherwise frustrated parent to face the implications and limitations of deafness in their child, and to train him as naturally as possible for life in a hearing society.

Investigation into the hearing ability of children up to the age of sixteen years revealed the following:—

	<i>Pre-school referrals</i>	<i>Screening tests in Infant Schools</i>	<i>Other referrals</i>	<i>Total</i>
Audiometric and speech tests undertaken	19	548	52	619
Failure to reach normal standard of hearing, and referred for medical investigation .....	6 (31.6%)	68 (12.4%)	27 (51.9%)	101
Hearing aids issued	4	2	8	14
Full-time special education arranged .....	—	—	3	3

The School Medical Officers carried out 95 audiometric tests (some at the request of the Teacher of the Deaf, Parents, or Head Teachers).

Approval has been given for the purchase of a portable audiometer which will enable the School Medical Officers to carry out hearing tests at schools at the time of medical examination.



## EDUCATIONALLY SUB-NORMAL:

RESIDENTIAL.	Allington School, Chippenham, Wilts.	1
	All Souls Special School, Hillingdon, Middlesex	1
DAY.	Fosseway School, Radstock, Somerset	1
	Penn Hill School, Bath	134
Number Ascertained in 1964		27
Number Placed in 1964		32
Awaiting Residential School placement on 31.12.64		1
Awaiting Day School placement on 31.12.64		4

The policy of admitting children to Penn Hill School on an informal basis has been continued whenever possible and desirable. Transfer of children back to normal schools is carried out as soon as educational attainments and maturity indicate, and in almost every case these children have done extremely well.

## MALADJUSTED:

### Special School Places:

RESIDENTIAL.	Farmhill House School, Stroud	1
	Fortescue House School, Twickenham	1
	Hillaway House, Buckfastleigh	1
	Sutcliffe School, Winsley, Nr. Bath	1
DAY.	Penn Hill School	1
Number Ascertained in 1964		5
Number placed in 1964		2
Number formally ascertained and awaiting placement on 31.12.64.		4

## JUVENILE COURT CASES

Reports on Bath schoolchildren appearing before the courts in 1964 were given to the Children's Department on the following offences:—

Larceny	47
„ ex School	4
Aiding and Abetting	3
„ „ „ ex School	1
Motoring Offences	7
„ „ „ ex School	6
Non Attendance at School	2
Trespassing	6
„ ex School	—
Receiving	2
„ ex School	4
Wilful Damage	6
„ „ „ ex School	—
Beyond Control	1
„ „ „ ex School	—
Drinking Under Age	—
„ „ „ ex School	2
Arson	2
„ ex School	—
Breaking and Entering	2
„ „ „ ex School	1
Indecent Assault	1
Breach of Probation	4
Indecent Insult	3
Care and Protection	4
Housebreaking and Larceny	6
Clubhouse Breaking	3

## CLINICS

### Minor Ailments:

The provision of Doctors' clinics at Bluecoat Central Clinic and at certain schools, and the treatment of minor ailments by School Nurses on their routine visits to schools, continued as before.

	<i>Number of individual cases treated or under treatment during the Year</i>
Skin—Ringworm—Scalp .....	—
Ringworm—Body .....	—
Scabies .....	6
Impetigo .....	3
Other Skin Diseases .....	150
Eye Disease .....	4
(External and other, but excluding errors of refraction, squint, and cases admitted to hospital.)	
Miscellaneous .....	409
(e.g. Minor injuries, bruises, sores, chilblains.)	
Total:	<u>572</u>

Total number of cases attending Authority's Central Clinic (For re-examinations or as specials);

Doctors' Sessions .....

135

Total number of individuals attending Nurses Sessions at Schools and Clinics .....

572

Number of treatments carried out at schools by School Nurses .....

2,840

Number of follow-up treatments .....

1,122

## SPECIALIST CLINICS

### OPHTHALMIC:

Total number of Eye Clinics held at Bath Eye Infirmary .....	57
Total attendances .....	441
Total number with refractive error and squint (new) .....	180
External and other (new) .....	2
Number of other eye conditions treated at Eye Infirmary and Minor Ailment Clinics .....	4
Spectacles known to have been obtained from Opticians .....	405
Spectacles known to have been obtained from Hospital .....	9

### ORTHOPAEDIC:

During 1964 the following work was carried out in collaboration with the Bath Hospital Management Committee. Surgeon's attendance at the Central Clinic is a convenience which is very much appreciated both by parents and School Health Staff. Normally the Surgeon carries out 3 half-day sessions per month, and the Orthopaedic Sister also sees patients on 3 half-days during each month.

Surgeon's Sessions .....	36
After-care Sessions .....	52
No. of new cases (excluding infants) .....	81
No. of old cases (continuing) .....	160
Total attendances .....	681
Cases treated by Physiotherapist .....	28
Attendance for Physiotherapy .....	76
Admitted to Hospital .....	53
Discharged from Hospital .....	52

### Admitted to Orthopaedic Hospital:

Anterior Poliomyelitis-Chronic (for surgery) .....	—
Congenital deformities .....	5
Fractures and Injuries (except burns) .....	16
Hip conditions .....	2
Foot deformities (excluding talipes) .....	10
Osteomyelitis .....	—
Other conditions .....	18
Spastic .....	2

Total: 53

No. of cases Re-admitted .....

4

## EAR, NOSE and THROAT:

Total number of Consultant Clinics	8
Total number of attendances	34

## Operations: (Known through Clinics and other sources):

Tonsils and adenoids	128
Received other forms of treatment	44

## Ear Defects:

### *Hearing:*

Total cases referred for treatment	53
Total cases for observation	56

### *Otitis Media:*

Total cases referred for treatment	16
Total cases for observation	76

### *Other:*

Total cases referred for treatment	2
Total cases for observation	5

## Nose and Throat Defects:

Total cases referred for treatment	58
Total cases for observation	235

## ENURETIC CASES:

Three Enuresis Alarms are in continuous use and the majority of cases are pupils at the senior schools, although in one instance, because of the urgency, one junior school case had the loan of the enuresis equipment. From time to time requests are received from the family doctors to include children on the waiting list, but the general practitioner cases are normally referred to the specialists at the Royal United Hospital. As the waiting list is continually added to, it has not been possible to issue any sets of equipment to Junior School cases although it may be possible in the new year to commence dealing with these younger children.

No. of Cases loaned Enuresis equipment in 1964	10
No. of Cases returning Equipment previously loaned in 1963 and 1964	10
No. of Cases put on waiting list in 1964	24
Total number of cases on waiting list 31.12.64	39

## CHILD GUIDANCE SERVICE:

Miss J. Hasler, Psychiatric Social Worker reports:

During the year ending December, 1964, 268 cases were dealt with by the Child Guidance Service as follows:—

Continuous cases	164
Referrals during the year	104
Total:	268

Sessions held by Psychiatrists	92
Attendances at Psychiatrists' Clinics	352

This mounting case load emphasises the need for more treatment sessions for the disturbed children referred to the Service.

The following analysis shows by whom the new cases were referred, reasons for referral and how they were dealt with.

### *Referred by:*

General Practitioners	18
Hospitals and Paediatricians	15
School Medical Officers	42
Educational Psychologist	14
Parents	10
Juvenile Courts and Probation Officers	2
Children's Officer	2
Health Visitors	1
Total:	104



## Child Guidance Clinic—Continued

### Reasons for Referral:

Nervous Disorders .....	37
Habit Disorders .....	10
Behaviour difficulties .....	49
Organic disorders .....	6
Educational and Vocational difficulties .....	2
Total:	104

### How Dealt with:

Under treatment by Psychiatrists .....	33
By Educational Psychologist and Psychiatric Social Worker (including those awaiting appointments with Psychiatrists)	37
By Psychiatric Social Worker only .....	23
Withdrawn .....	7
No appointment yet .....	4
Total:	104

### Cases Closed in 1964:

Diagnosis only .....	6
Improved .....	24
Left school and some improvement .....	2
Left area .....	10
Committed to Approved School .....	4
Admitted to M.D. Hospital .....	1
Withdrawn or Parents un-co-operative .....	7
Total:	54

### Psychiatric Social Worker:

Clinic Interviews .....	362
Home or Other Visits .....	426
School Visits .....	10
Total:	798

## SPEECH THERAPY

Miss G. Matthews reports:

The clinic was closed for four months this year, between Miss Lloyd's leaving in May, and the filling of the appointment in August. However, no lasting ill effects seems to have been produced on the regular patients, and the clinic is now running smoothly again along much the same lines as before.

It is interesting to note that the percentage of girls is still increasing and that there now appears to be a rise in the number of children with language problems, while there is an apparent drop in the number of children referred with articulatory defects.

Total attendances .....	Total 1393
Total individuals:	
Boys .....	56
Girls .....	31
Discharged .....	76
New Cases .....	42
Ceased attendance .....	9
Seen at school .....	171
For review at school .....	127
Speech therapy not necessary .....	26

**Defects:**

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Stammer	17	5	22
Stammer and Articulatory defect	1	—	1
Cleft palate	2	1	3
Lisp	2	5	7
Other articulatory defects	27	16	43
Language disorders	7	4	11
	—	—	—
Totals:	56	31	87
	—	—	—

**INFECTIOUS DISEASES**

Notifiable infectious illness remained at a low level during 1964, and in no case was it necessary to close a school or class.

**Scarlet Fever:**

39 cases were notified. They were of a mild type, and all but two cases were nursed at home. 26 cases occurred in children of school age.

**Measles:**

254 cases (1,356 in 1963) of measles were notified. Of this number 97 occurred in children of school age. Complications and Hospital Admissions were relatively few, and there were no deaths.

**Whooping Cough:**

39 cases notified (28 in 1963). 26 cases involved children of school age.

**Dysentery:**

41 cases notified, 11 children of school age (59 and 24 in 1963). This of course does not represent the full extent of the disease, as many mild cases do not come to the notice of a doctor and are not, therefore, notified.

**Acute Poliomyelitis:**

No case of poliomyelitis was notified. Vaccination against poliomyelitis continued throughout the year; 1,341 more children and young persons were protected, and 763 children between 5 and 12 years received booster doses. Almost all children are now vaccinated with Sabin vaccine orally.

**Diphtheria:**

For the eleventh successive year there was no case of this disease. Arrangements for immunisation against Diphtheria, described in previous reports, continued throughout the year, with the greatest co-operation from the Head Teachers. During 1964, 91 children between five and fifteen years received primary immunisation against Diphtheria (in addition to 1,003 under 5 years). 1,485 school children received reinforcing injections.) A booster dose at 10 years as well as at 5 years is necessary to maintain immunity at an adequate level. 10year booster injections are now being given in all junior schools.

It is reasonably certain that the practice of systematic immunisation of children under fifteen years of age is responsible for the effective control of this disease, and, to be sure that an epidemic will not occur again, at least seventy-five per cent of the child population under fifteen should be protected.

### **Tetanus:**

For a number of reasons it is now considered important that all children should be adequately protected against tetanus as early as possible. All infants are now offered this in their first year of life, so that as they enter school, only booster doses will be necessary. Parents of older children, who were not offered tetanus immunisation in infancy, are approached as they are due for routine medical examination, and the inoculation can be done at the time of this examination. As tetanus is an omnipresent bacillus, this immunisation if carried out previous to an accident, can obviate the necessity for giving anti-tetanus serum with the risk of serious reaction, at the hospital.

### **Tuberculosis:**

Four cases of Pulmonary Tuberculosis were notified. Two were aged eight years, one of five years, and one of fourteen years. Two cases occurred in the same family.

### **B.C.G.:**

Vaccination was made available to all 13 year old pupils in Local Authority and non-maintained schools, who showed no evidence of previous exposure to infection. 1,011 were vaccinated out of a total of 1,387 given preliminary skin test.

### **Mass X-ray:**

The X-ray Unit visited Bath several times during 1964 and 7,119 persons including 97 scholars were examined. No case of tuberculosis was discovered among the latter group. It is hoped that this initiation will encourage the use of Mass X-ray in later life.

The teaching and catering staff of the Local Authority's Schools are encouraged to attend for X-ray when the unit is in Bath. All new appointments to the teaching and food handling staffs are examined by X-ray to exclude tuberculosis and are requested to repeat this annually.

### **BOARDING OUT EXAMINATIONS:**

As in previous years, visits were made twice weekly to the Three Ways Children's Home to medically examine children. A number of boarding out cases were also seen at the School Health Department, at the Infant Welfare Clinics, or on visits to the foster parent's homes.

230 cases were seen for routine quarterly or annual checks, and 42 children received their annual examinations during the summer holidays, some of these cases necessitating special journeys being made to foster homes either in the city or in the county areas immediately adjoining the city.

### **MEDICAL EXAMINATION PRIOR TO SCHOOL JOURNEYS**

The School Medical Officers examined 40 children at Southdown Junior School, and 52 children at Fosseway Junior School, prior to their annual outing to Sandown, Isle of Wight.

### **CONVALESCENCE**

Two children were sent for periods of convalescence to Rosehill Children's Hospital, Torquay, during the year. The Education Committee met the cost of tuition for the time they were there.



## PROVISION OF TRANSPORT

All cases who are provided with special transport are in the first instance referred to the Education Special Services Committee for approval, and whether having transport for a short period or for a continuing period, all pupils are regularly investigated to ascertain whether they should continue this conveyance to their respective schools.

2 Spastic children and 1 Partially Sighted child are conveyed daily to and from Bristol, and 1 Physically Handicapped child is provided with transport to and from the Convent School, Pulteney Road.

Short term cases are invariably referred by the Orthopaedic Surgeons, the General Practitioners, or when it is known that there has been an accident and the child requires a plaster which entails some difficulty in travelling by public transport.

In some instances we are informed when transport is no longer necessary, but in a small number of cases visits to the home are made at regular intervals to ensure that this special concession is not continued unnecessarily.

No. of children provided with transport at 31.12.64.	38
No. approved for provision of transport during 1964	20
No. no longer requiring transport during 1964	17

1 case transferred to County area, transport no longer provided by authority.

Of the 38 cases provided with transport on 31.12.64, 14 cases have transport for mornings only.

## SCHOOL WELFARE

Mr. Hooper, Chief School Welfare Officer reports:

### Employment of Children:

Number of pupils employed in:

Delivery of newspapers	212
Other employment	89
Total:	301

A constant check is kept by the School Welfare Department to ensure that the employment bye-laws are observed. (These bye-laws are due to be revised in the near future to conform with recent legislation). The Authority, however, retains its power to prohibit or restrict any employment which may render a child unfit to obtain proper benefit from his education. No child is therefore registered for employment if it is thought that the work will have a detrimental effect of his health or school progress.

### School Attendance:

School attendance figures for the year show that the percentage of attendance attained was higher than the previous year, with an average percentage of 92.1. Attendances were not greatly affected by any one special factor. The lowest attendances occurred during March and July, and these are attributed to a higher number of minor illnesses in the first case, and to an increased number of children who accompanied parents on their annual holiday in the second case.

## NUTRITION

Miss Dixon, School Meals Organiser, reports:

Dinners are available in every school. Twenty-six schools have self-contained kitchen/dining rooms; the remainder are supplied with meals from a central kitchen or, other school kitchens. Over 188 days, a total of

1,487,031 dinners were served. This compares with 188 days, a total of 1,420,889 meals in 1962/3, an increase in 1963/64 of 66,142 meals. The charge for school dinners is 1/- per head, and arrangements can be made for waiving, or reducing, this in certain circumstances.

The average daily numbers of dinners served in maintained schools during the year was 7,910 (in 1962/63, 7,558). The total daily average of dinners produced, including dinners supplied to non-maintained schools was 8,525 (in 1962/63, 8,088).

The Organiser of school meals is in close touch with the Health Department in matters concerning the health of the staffs of canteens, and in the hygiene of kitchens. I am pleased to report that no case of food poisoning affecting children has ever been attributed to school meals.

## REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER, 1964

During the year the staffing position remained unchanged. There are two full-time dental surgeons, one part-time dental surgeon averaging one session per week, and the two consultant anaesthetists who average between them one session per week.

The state of the children's teeth continues to improve. During the year we completed a survey commenced at the request of the Ministry the previous year. Although the final statistics have not yet been supplied by their statisticians, it shows the dental condition to compare very favourably with most parts of the country.

There continues to be a rise in the number of teeth filled, and a welcome reduction in the number of permanent teeth extracted. During the year the consultant orthodontist at the Hospital completed staffing and equipping his department, and in August announced that he would commence treatment. Complex cases are now referred to him.

Schools are kept supplied with the latest posters, painting books, and such kind of dental health education, and films shown as they become available.

The following are the figures relating to work done during the year.

1. Number of pupils inspected by the Authority's Dental Officers:—	
(a) At Periodic Inspection	10,413
(b) As Specials	195
	<hr/>
	Total (1) 10,608
2. Number found to require treatment	4,814
3. Number offered treatment	4,619
4. Number actually treated	1,701
5. Number of attendances made by pupils for treatment	4,911
6. Half days devoted to:—	
Periodic (School)	92
Treatment	868
	<hr/>
	Total (6) 960
7. Fillings:—	
Permanent Teeth	2,980
Temporary Teeth	309
	<hr/>
	Total (7) 3,289
8. Number of Teeth filled:—	
Permanent Teeth	2,650
Temporary Teeth	302
	<hr/>
	Total (8) 2,952

9. Extractions:—	
Permanent Teeth	382
Temporary Teeth	802
	<hr/>
Total (9)	1,184
10. Administration of general anaesthetics for extraction	704
11. Number of pupils supplied with artificial dentures	20
12. Other Operations	961
13. Cases referred to and treated by Hospital Orthodontist	12

## STAFF OF THE SCHOOL HEALTH SERVICE, 1964

### MEDICAL

*Principal School Medical Officer and Medical Officer of Health:*

\*R. M. Ross, M.B., Ch.B., D.P.H.

*Deputy Principal School Medical Officer and Deputy Medical Officer of Health:*

\*P. Lavis, M.B., Ch.B., D.P.H.

*School Medical Officers:*

\*Helen M. H. Mack, M.B., Ch.B.

\*E. A. Lois Blake, B.A., M.B., Ch.B., D.R.C.O.G.

\*J. P. Hutchby, M.B., B.Ch., B.A.O.

### SPECIAL DEPARTMENTS

*Child Guidance:*

Psychiatrists: A. Guirdham, M.A., D.M., B.Ch., D.P.M.

K. Reeves, M.D. (Vienna).

Educational Psychologist: H. I. A. Hickish, B.A., B.Sc., Cert., Ed., A.B.Ps.S.

Psychiatric Social Worker: Miss J. W. Hasler, B.Sc., (Econ.), A.A.P.S.W.

*Teacher of the Deaf:*

Mrs. J. E. Garthwaite (until 31.8.64).

Miss J. Fish (University of Manchester Certificate).

*Speech Therapist:*

Miss K. Lloyd, L.C.S.T. (until 31.3.64).

Miss G. S. Matthews, L.C.S.T. (from 17.8.64).

*Dental:*

G. G. Davis, L.D.S. (Principal School Dental Officer).

Miss E. R. Shinkwin, B.D.S. (School Dental Officer).

*School Nurses (Full time):*

Mrs. E. M. Milsom, S.R.N.

Miss M. J. Rafferty, S.R.N., S.C.M., H.V. Cert.

Part-time—Twelve Health Visitors.

*Dental Attendants:*

Mrs. E. Dauncey.

Mrs. L. D. A. Mahony.

*Clerical Staff:*

Mr. D. C. Clark.

Mrs. M. M. Wedge.

Mrs. G. V. Nuttall.

Miss J. A. Shearn.

Mrs. S. J. Alvis (until 31.5.64).

Mrs. F. E. Smith (from 20.7.64).

\* Whole-time Medical Officers of the City Council, but part-time only for the Education Committee.



## School Clinics:

The following are the particulars of the principal school clinics:—

Blue Coat House, Sawclose, Bath (Minor Ailments Clinic)	9.30–12.0 Fridays.
City of Bath Boys School, Beechen Cliff, Bath	9.30–12.0 2nd and 4th Wednesday.
City of Bath Girls School, Upper Oldfield Park, Bath	9.30–12.0, 2nd and 3rd Wednesday.
City of Bath Technical School, Brougham Hayes, Bath	9.30–12.0 1st and 3rd Tuesday.
Fosseway Infants School, Frome Road, Bath	9.30–12.0, 1st Thursday.
Moorlands Infants School, Moorfield Road, Bath	9.30–12.0, 1st Tuesday.
Oldfield Secondary Modern Boys School, Wells Road, Bath	9.30–12.0, 2nd and 4th Friday.
Southdown Junior School, Mount Road, Bath	9.30–12.0 2nd Tuesday.
Westhill Secondary Modern Boys Schools, Rush Hill, Bath	9.30–12.0 1st and 3rd Friday.
West Twerton Secondary Modern Girls School, The Hollow, Bath	9.30–12.0 1st and 3rd Wednesday.

## Special Clinics:

Dental Clinic, Bluecoat House, Sawclose, Bath	9.30–5.0 Monday–Friday.
Ear, Nose & Throat, St. Martin's Hospital, Bath.	9.15 4th Thursday (by appointment).
Eye Infirmary, Belvedere, Bath	2.0 Tuesday (by appointment)
Orthopaedic After Care Clinic, Blue Coat House, Sawclose, Bath	10.0–12.0 Wednesday and
	2.0–4.0 (by appointment)
Ultra-Violet Rays	(by appointment).

**FINDINGS AND TREATMENT**  
**RETURN OF DEFECTS FOUND BY MEDICAL EXAMINATIONS IN**  
**THE YEAR ENDED 31st DECEMBER, 1964**

Defect Code No.	Defect or Disease	Periodic Examinations							
		Entrants		Leavers		Others		Total	
		T	O	T	O	T	O	T	O
4.	Skin .....	12	18	33	26	28	29	73	73
5.	Eyes (a) Vision .....	19	41	69	53	109	80	197	174
	(b) Squint .....	23	12	4	4	6	8	33	24
	(c) Other .....	—	3	1	3	4	4	5	10
6.	Ears (a) Hearing .....	12	30	1	3	8	10	23	43
	(b) Otitis Media .....	8	53	3	5	5	17	16	75
	(c) Other .....	—	2	1	1	—	2	1	5
7.	Nose and Throat .....	25	126	10	34	18	65	53	225
8.	Speech .....	3	32	—	5	5	13	8	50
9.	Lymphatic Glands .....	4	27	1	5	—	7	5	39
10.	Heart .....	1	21	2	16	1	15	4	52
11.	Lungs .....	1	46	—	6	4	28	5	80
12.	Developmental:—								
	(a) Hernia .....	2	4	1	—	2	4	5	8
	(b) Other .....	5	28	4	12	12	37	21	77
13.	Orthopaedic:—								
	(a) Posture .....	2	5	1	6	1	6	4	17
	(b) Feet .....	8	31	2	4	12	28	22	63
	(c) Other .....	6	8	18	24	5	17	29	49
14.	Nervous System:—								
	(a) Epilepsy .....	2	4	1	5	2	1	5	10
	(b) Other .....	3	9	1	6	2	9	6	24
15.	Psychological:—								
	(a) Development .....	4	17	1	11	2	11	7	39
	(b) Stability .....	1	58	3	23	13	49	17	130
16.	Abdomen .....	—	7	—	3	1	3	1	13
17.	Other .....	20	27	66	14	108	48	194	89

N.B. T—Requiring  
Treatment  
O—Requiring  
Observation

**FINDINGS AND TREATMENT**  
**RETURN OF DEFECTS FOUND BY MEDICAL EXAMINATIONS IN**  
**THE YEAR ENDED 31st DECEMBER, 1964**

Defect Code No.	Defect or Diseases	Special Examinations		
		T	O	
4.	Skin .....	4	3	
5.	Eyes (a) Vision .....	40	23	
	(b) Squint .....	—	—	
	(c) Other .....	1	—	
6.	Ears (a) Hearing .....	30	13	
	(b) Otitis Media .....	—	1	
	(c) Other .....	1	—	
7.	Nose and Throat .....	5	10	
8.	Speech .....	3	1	
9.	Lymphatic Glands .....	—	—	
10.	Heart .....	1	4	
11.	Lungs .....	4	11	
12.	Developmental:—			
	(a) Hernia .....	—	—	
	(b) Other .....	4	5	
13.	Orthopaedic:—			
	(a) Posture .....	2	3	
	(b) Feet .....	5	1	
	(c) Other .....	8	1	
14.	Nervous System:—			
	(a) Epilepsy .....	4	—	
	(b) Other .....	—	—	
15.	Psychological:—			
	(a) Development .....	4	13	
	(b) Stability .....	14	22	
16.	Abdomen .....	2	3	
17.	Other .....	12	28	
N.B. T—Requiring Treatment O—Requiring Observation				

**PERIODIC MEDICAL EXAMINATION OF PUPILS ATTENDING**  
**MAINTAINED AND ASSISTED PRIMARY AND SECONDARY**  
**SCHOOLS (Including Nursery and Special Schools)**

Age Groups Inspected (By year of birth)	No. of Pupils Examined	Physical Conditions of Pupils Examined	
		Satisfactory	
		No.	% of Col. 2
1960 and later	178	178	100%
1959	835	835	100%
1958	116	116	100%
1957	36	36	100%
1956	46	46	100%
1955	32	32	100%
1954	742	742	100%
1953	228	228	100%
1952	103	103	100%
1951	179	179	100%
1950	316	316	100%
1949 and earlier	769	769	100%
Total:	3,580	3,580	100%



**ANNUAL REPORT**  
of the  
**CHIEF PUBLIC HEALTH INSPECTOR**  
(and Chief Housing Inspector)  
**FOR THE YEAR 1964**

MR. MAYOR, LADIES AND GENTLEMEN,

Although compiling an Annual Report is a burdensome duty, it is useful to take stock.

1964 provided few notable milestones, but more than enough work. While the output of a department with so many and varied tasks is difficult to assess, I estimate that it has increased by about thirty per cent since my appointment in 1961.

In the sphere of housing, a survey of substandard Council owned property was carried out for the Housing Committee by Mr. D. G. I. Smith, Mr. G. W. Dhenin pressed on with the informal Improvement Area in Lower Weston, and Mr. W. J. Pearce surveyed the houses-in-multiple-occupation in Rivers Street. All this was in addition to our normal housing inspection.

By the end of the year, I was able to report that most of the houses and basements badly affected by the 1960 flood had been dealt with.

While the closing of Messrs. Spear Bros. and Clark Limited's bacon factory relieved us of some meat inspection, this had already been offset by the more elaborate and time-consuming inspection procedure necessitated by the Meat Inspection Regulations of 1963.

The Aberdeen typhoid outbreak, beside giving us a lot of work checking stocks of corned beef, added point to the drive for food hygiene, which was reinforced by ten successful prosecutions for food offences, more than twice the number in any previous year.

Another aspect of consumer protection was the search for imported plastic toys containing excessive lead. While these were quickly withdrawn from the market, the Public Analyst expressed concern at the brittleness of plastic toys on sale that could shatter into dangerous fragments.

The Offices, Shops and Railway Premises Act, 1963, which came into force during the year, made local authorities responsible for the health, safety and welfare of employees in shops and offices, other than those at factories. All such premises were required to register with this office. By the end of the year 878 had done so, while others were being found by systematic inspections.

Whilst the Shops Act contained some health and welfare provisions, there had been no previous legislation dealing specifically with offices. The new Health and Welfare Provisions deal with cleanliness, overcrowding, temperature, ventilation, lighting, sanitary and washing facilities, drinking water, clothing accommodation, sitting and eating facilities, dangerous machinery and prevention of accidents, and first aid. The Minister of Labour has already availed himself of the powers contained in the Act to make a fairly elaborate code of regulations, on the enforcement of which he has issued detailed guidance.

This alone has added appreciably to our work, necessitating an increase in the establishment of district public health inspectors from six to seven. It was only after repeated advertising that we gained the services of Mr. B. C. Sherlock from Liverpool to fill this post. Though this meant a late start, good progress with inspection had been made by the end of 1964.

A new comprehensive, but concise inspection and record card was evolved dealing with all public health aspects of business premises. I am particularly indebted to our Senior Clerk, Mr. R. G. Lavis, for help in ensuring that the office administration connected with this work is planned as economically as possible.

Among the many and varied services rendered by the department during the year, honourable mention is due to that of Mr. R. E. Hanham and his pest control operatives for dealing, among a variety of other matters, with some unbelievably filthy premises.

The ladies' convenience in the Parade Gardens was renewed by the summer and provided with washing facilities, which were greatly appreciated. Progress was also made in safeguarding the plumbing at public conveniences against frost.

During the year, Mr. G. W. Dhenin and Mr. A. A. Johnson attended courses on "Radiation in Public Health and Civil Defence" at Urchfont Manor, and I went to a course at the Civil Defence Staff College.

I take this opportunity to thank the Chairman, Vice-Chairman and members of the Health and Housing Committees, and especially the Chairman and members of the Sanitary and General Purposes Subcommittee, Doctor Ross, and all my colleagues, both inside and outside the department, for their continued support.

I am, Mr. Mayor, Ladies and Gentlemen,

Yours faithfully,

R. V. REDSTON.

*Chief Public Health Inspector,  
Chief Housing Inspector.*

The report is set out as follows:—

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## SECTION I

### HOUSING

New Dwellings completed by the Corporation:

Twerton/Whiteway Estate	.....	.....	.....	.....	.....	18
Snow Hill	.....	.....	.....	.....	.....	12
Monksdale Road	.....	.....	.....	.....	.....	97
Green Park (flatlets)	.....	.....	.....	.....	.....	13
Wedmore Park	.....	.....	.....	.....	.....	22
Meadow View, Kelston Road	.....	.....	.....	.....	.....	19
Fairfield, Kelston Road	.....	.....	.....	.....	.....	8
						<hr/> 189
New Dwellings completed by private enterprise	.....	.....				<hr/> 260

#### Clearance Areas:

##### 1. Pre-War Schemes:

The number of houses remaining in areas confirmed before 1939 was reduced from nine to six, of which two remained occupied.

##### 2. Post-War Schemes:

- (a) Northampton Cottages C.P.O. (4 houses).
- Prospect Cottages C.P.O. (4 houses).

These Orders were confirmed in 1961. One house in each of these areas was still occupied at the end of 1964.

- (b) Broad Street Place Clearance Order (16 houses).
- Upper Midsummer Buildings Clearance Order (10 houses).
- Waterloo Buildings, Twerton, Clearance Order (12 houses).
- High Street, Weston, No. 1 Clearance Order (13 houses).

The above Orders were made in 1962. The houses in Waterloo Buildings were demolished in 1963, and those in High Street, Weston, and Upper Midsummer Buildings, in 1964.

Though all the houses in Broad Street Place Clearance Area were void by the end of 1964, demolition was held up by difficulties of access.

- (c) Hedgemoor Clearance Order No. 1 (117 houses).
- Hedgemoor Clearance Order No. 2 (7 houses).....
- Hedgemoor Clearance Order No. 3 (2 houses).

Of the 126 houses in Hedgemoor Clearance Orders Nos. 1, 2 and 3, only the three in Hedgemoor No. 2 remained standing, though void at the end of 1964.

- (d) Ballance Street Clearance Area (59 houses).

The properties in this area have now been included in a planning Area of Comprehensive Redevelopment. Owing to continued deterioration, Closing Orders had to be applied to three more houses in Ballance Street and one in Morford Street. Once houses are included in such areas, little money is spent on maintenance, even though it may not be intended to demolish the property for some years.

- (e) Woodland Buildings, Twerton, Clearance Area (9 houses).

This Area was represented to the Housing Committee on 11th December, 1963, and was being acquired by agreement.



## A. Houses demolished:

### In Clearance Areas:

	<i>Houses demolished</i>	<i>Displaced Persons</i>	<i>Families</i>
(1) Houses unfit for human habitation	132	25	13
(2) Houses included by reason of bad arrangements, etc.	—	—	—
(3) Houses on land acquired under Sec. 43(2) Housing Act, 1957	—	—	—

### Not in Clearance Areas:

(4) As a result of a formal or informal procedure under Housing Acts	29	44	18
(5) Local authority owned houses certified unfit by the Medical Officer of Health	33	18	8
(6) Houses unfit for human habitation where action has been taken under local Acts	—	—	—
(7) Unfit houses included in unfitness orders	—	—	—

The houses demolished, other than in Clearance Areas, to which the above figures refer, were as follows:—

76, 77, High Street, Weston; 8, 10, 12, Holloway; 11, Hopmead Buildings; 11, James Buildings; 16, 17, Lambridge Street; 6, Lansdown Place, Weston; 1, Lansdown View, Weston; 1, 2, 3, 4, Mezellion Place; 2, 5, Pera Road; 17, 18, 19, Primrose Hill; 2, Rochfort Cottages; 131, Rush Hill; 19/20, 21, 22, Trafalgar Road, Weston; 47, 49, Wells Road; 1, 2, Yewmead Cottages.

The Local Authority owned houses certified as unfit and demolished during the year, were as follows:—

10, 11, 82, 82a, 82b, 82c, Calton Road; 1, 2, 3, 4, 5, The Close, Twerton; 30, 31, Corn Street, 118, 119, 122, 123, 124, 125, High Street, Twerton; 6, Holloway; 6, 7, 8, 20, 21, 22, 23, 24, Regents Terrace; 1, 2, West View, Rush Hill; 61, 63, 65, Wells Road.

## B. Unfit Houses Closed:

	<i>No. of Houses</i>	<i>Displaced Persons</i>	<i>Families</i>
(8) Under Sections 16(4) and 17(1) Housing Act, 1957	48	43	17
(9) Under Sections 17(3) and 26 Housing Act, 1957	—	—	—
(10) Parts of buildings closed under Section 18, Housing Act, 1957	25	21	8

The houses closed to which the above figures refer, are as follows:—

### Demolition Orders:

29–32, Claremont Buildings; 1–6, Cottage Place, Larkhall; 67–68, High Street, Weston; 31a, 32, 33, 35, Locksbrook Road; 18, River Place; 40–41, Shophouse Road; 60, Wells Road; 11, 12, 13, 14, Whiteway Road.

### Closing Orders:

12, 18, 31, Ballance Street; 3, 7–10, Bedford Street; 9, Brookleaze Place; 10, Claremont Buildings; 14, Corn Street and Cottage at rear; 12, 14, 16, Frome Road; 11, Hatfield Buildings; 7, Lansdown Place Weston; 4, 10, Lower Bristol Road; 8, 9, Mill Lane; 31, Morford Street; 6, Rackfield Place; 15, River Place;

The houses containing the parts of buildings closed, i.e. basements, etc., and to which the above figures refer, are as follows:—

42, Bathwick Street; 18, Bloomfield Road; 4, Brunswick Place; 2, Burlington Place; 17, Camden Crescent; 7, Duke Street; 5, Gloucester Street; 21, 25, Green Park; 25/27, Grove Street; 12, Hanover Street; 4, Kensington; 13, Lansdown Crescent; 1, Lower Oldfield Park; 57, Lyncombe Hill; 29, Marlborough Buildings; 15, Morford Street; 3, Nelson Place West; 31, 42, New King Street; 7, Philip Street; 2, Rochfort Place; 35, St. James' Square; 6, Thomas Street.

**C. Unfit Houses made fit and Houses in which defects were remedied:**

			<i>By Owner</i>	<i>By Local Authority</i>
(11) After informal action by Local Authority	.....	.....	205	—
(12) After formal notice under:				
(a) Public Health Acts	.....	.....	4	—
(b) Sections 9 & 16, Housing Act, 1957	.....	.....	—	—
(13) Under Section 24, Housing Act, 1957	.....	.....	—	—

**HOUSING PROGRESS:**

**(a) Clearance:**

Thanks largely to the clearance of most of the houses in the Hedge-mead Areas, the total of 194 houses demolished during 1964 was well above the yearly average.

The 48 houses and 25 parts of buildings (mainly basements), dealt with by Demolition and Closing Orders, while twice as many as in 1963, still does not represent a sufficient rate of progress to deal with all the 322 houses in the Second Five Year Clearance Programme by the end of 1967 as planned. This was reported to Housing Committee in July, 1964, in a progress review. To complete the programme on time, the rate of dealing with houses would have to be increased to at least 70 a year, quite apart from the number of basements closed.

By the end of the year, increased Council building, and the check on the heavy drain on housing resources caused by evictions under Court Orders with the passing of the Protection from Eviction Act, were beginning to make more houses available.

It is indeed a hard task to weigh the need for clearance and redevelopment of areas of substandard housing against the discomfort of living in damp, dark, ill-ventilated basements, or in overcrowded rooms, often with shared amenities. We are concerned with all such cases and try to help the Housing Committee to make the best use of its resources.

**(b) Maintenance and Improvement:**

The number of houses repaired as a result of notices served on owners increased from 175 in 1962 to 209.

Early in the year a survey was carried out of old sub-standard houses owned by the Council. In most cases it was found that their limited life and the comparatively small rent income derived from them made anything more than first aid repairs hopelessly uneconomic. With some, closure was the only practical course.

With this experience in mind, it seemed best, in dealing with the thousand sub-standard houses-in-multiple-occupation in Bath, to concentrate especially on trying to stop the rot where it was still economic.

Beside dealing with individual cases brought to our notice largely through applications for mortgages, therefore, an area of fundamentally good houses within the Georgian heritage was surveyed (Rivers Street) to prevent deterioration and ensure that each letting was as far as practicable self-contained and, in any case, had reasonable amenities.

Treating the street as a kind of informal Improvement Area, the District Public Health Inspector, Mr. W. J. Pearce, by enlisting the co-operation of owners and occupiers, was able to report before the end of the year that while, initially, only 19 of the 48 premises surveyed were entirely satisfactory, three more had already been made satisfactory, three self-contained flats had been provided, and work was in hand to bring seven other houses up to standard, four of them with the aid of grants. One empty house is to be converted to self-contained flats, and it is hoped to improve others when their leases expire.

One aspect of houses-in-multiple occupation that caused increasing concern is the careless use of obsolete types of oil heaters in them. Without proper precautions such heaters are a serious fire hazard.

The slow, but steady, influx of immigrants is making the control of houses-in-multiple occupation an increasing problem since, in their need to find somewhere to live, they sometimes accept a low standard of accommodation.

### Rent Act, 1957:

One application for a Certificate of Disrepair was received and dealt with during the year.

### Overcrowding:

Inspections .....	74
New cases found .....	29
Cases abated .....	33
Cases still existing on 31st December, 1964 .....	69

### Inspections and re-inspections in connection with housing:

Acquisition of dwelling houses by Corporation ..	172
Applications for Council houses ....	1603
Applications for Grants under Housing Acts .. .	427
Applications for Loans under Housing Acts .....	838
Conditions in Corporation houses .....	17
Housing conditions—Housing Acts, 1936–57 .....	3665
Housing conditions—Public Health Act, 1936 .....	1096
Houses in multiple occupation .. .	118
Permitted number of occupants in dwelling houses .	14
Property Enquiries—Information regarding Orders, Notices, etc., in respect of 2845 premises.	

### Works carried out, etc.:

Dampness remedied ...	115
Dustbins provided .....	47
Lighting and ventilation provided .....	5
Paving repaired .....	25
Roofs, gutters, etc., repaired .. .	112
Sanitary accommodation provided or improved ..	73
Sinks renewed ...	44
General repairs .	267

### HOUSING ACTS, 1949-64:

#### Improvement Grants:

(Figures in brackets relate to 1963.)

	<i>Discretionary</i>	<i>Standard</i>
Applications received ..	109 (118)	48 (76)
Brought forward from 1963 .....	6 (6)	2 (2)
Approved ..	93 (103)	44 (69)
Withdrawn ..	1 (4)	1 (3)
Refused ..	6 (6)	— (3)
Carried over to 1965 .....	6 (6)	5 (3)

Inspections and re-inspections for the purpose—427 (625).

Number of additional units of accommodation provided—26 (29).



Applications were mainly from owner/occupiers but 33 were in respect of tenanted properties.

The results of advisory work in 1963 in the Hungerford Road Improvement Area continue to come in with properties being improved and modernised, bringing up the percentage of houses in the area with all amenities to nearly 70 per cent.

The reasons given by the minority of householders in the Hungerford Road area for not improving their houses, such as old age, or the fact that they want first to reduce a big mortgage, are understandable. The success of the informal improvement area is notable, since other towns, where a less personal approach has been made, have admitted that their efforts had failed.

### Advances under the Housing (Financial Provisions) Acts:

Applications for advances to purchase received	.....	.....	199 (183)
Application for advances to repair or improve	.....	.....	28 (31)
Applications withdrawn	.....	.....	14 (3)
Loans refused	.....	.....	5 (—)
Loans granted	.....	.....	208 (211)
Houses rendered fit or provided with standard amenities	.....	.....	160 (146)
Inspections and re-inspections	.....	.....	838 (466)

In carrying out inspections to ensure that houses for which mortgages are sought have sufficient life, the opportunity is taken to ensure that such houses are put in good repair and, if necessary, improved, as a condition of advance.

## SECTION II

### ENVIRONMENTAL HYGIENE

#### Complaints:

The number of all complaints received in 1964 was 1266.

These complaints were:—

Unsound food	.....	.....	.....	.....	.....	87
Nuisances or contraventions	.....	.....	.....	.....	.....	340
Nuisances from noise	.....	.....	.....	.....	.....	14
Rodent infestation	.....	.....	.....	.....	.....	590
Pests (other than rodents)	.....	.....	.....	.....	.....	235
						<hr/> 1266 <hr/>

#### Clean Air:

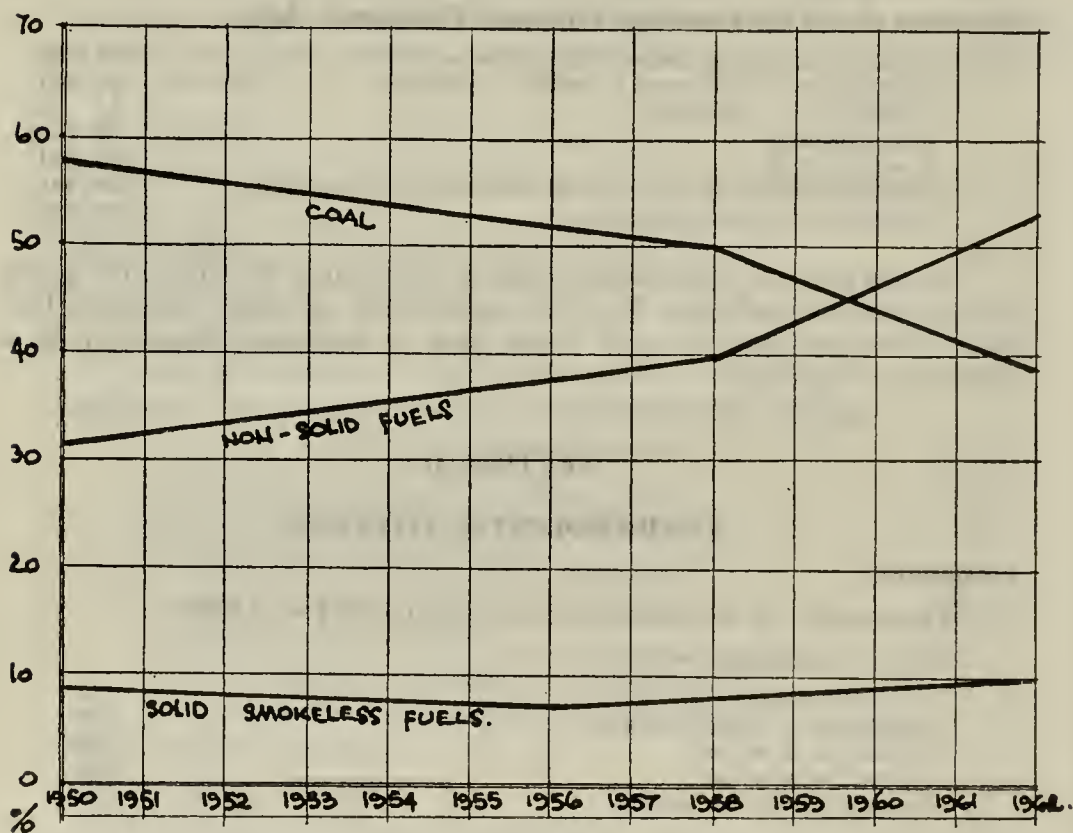
Measurement of smoke and sulphur dioxide pollution of the atmosphere of Bath continued at the four recording stations throughout the year. The readings, illustrated in the graphs, show the normal pattern dominated by the use of fuel for domestic heating in the cooler weather. Thanks to a comparatively mild autumn, the average level of pollution was lower than in 1963, when it was increased by the prolonged cold spell.

In April I reported on the measure of pollution as indicated by the figures for 1963, details of which were included in my Annual Report for 1963. The section of the report concerning the reduction of pollution was written in the light of the White Paper on "Domestic Fuel Supplies and the Clean Air Policy" (Command 2231) published at the end of 1963. In it I reported as follows:—

## THE REDUCTION OF POLLUTION

The Economic Sub-Committee of the Committee on Air Pollution estimated the cost of pollution in 1954 as £250 million a year in direct costs and loss of efficiency, or £5 per head of population throughout Great Britain. On this basis the cost to Bath is £400,000 per annum. To this must be added the incalculable effect on health, both in causing and aggravating respiratory disease, such as bronchitis and lung cancer, and in depriving people of daylight and sunshine when they most need it.

The Government White Paper on "Domestic Fuel Supplies and the Clean Air Policy" sets out the trend in domestic fuel consumption which is well illustrated by the following graph reproduced from Smokeless Air No. 129.

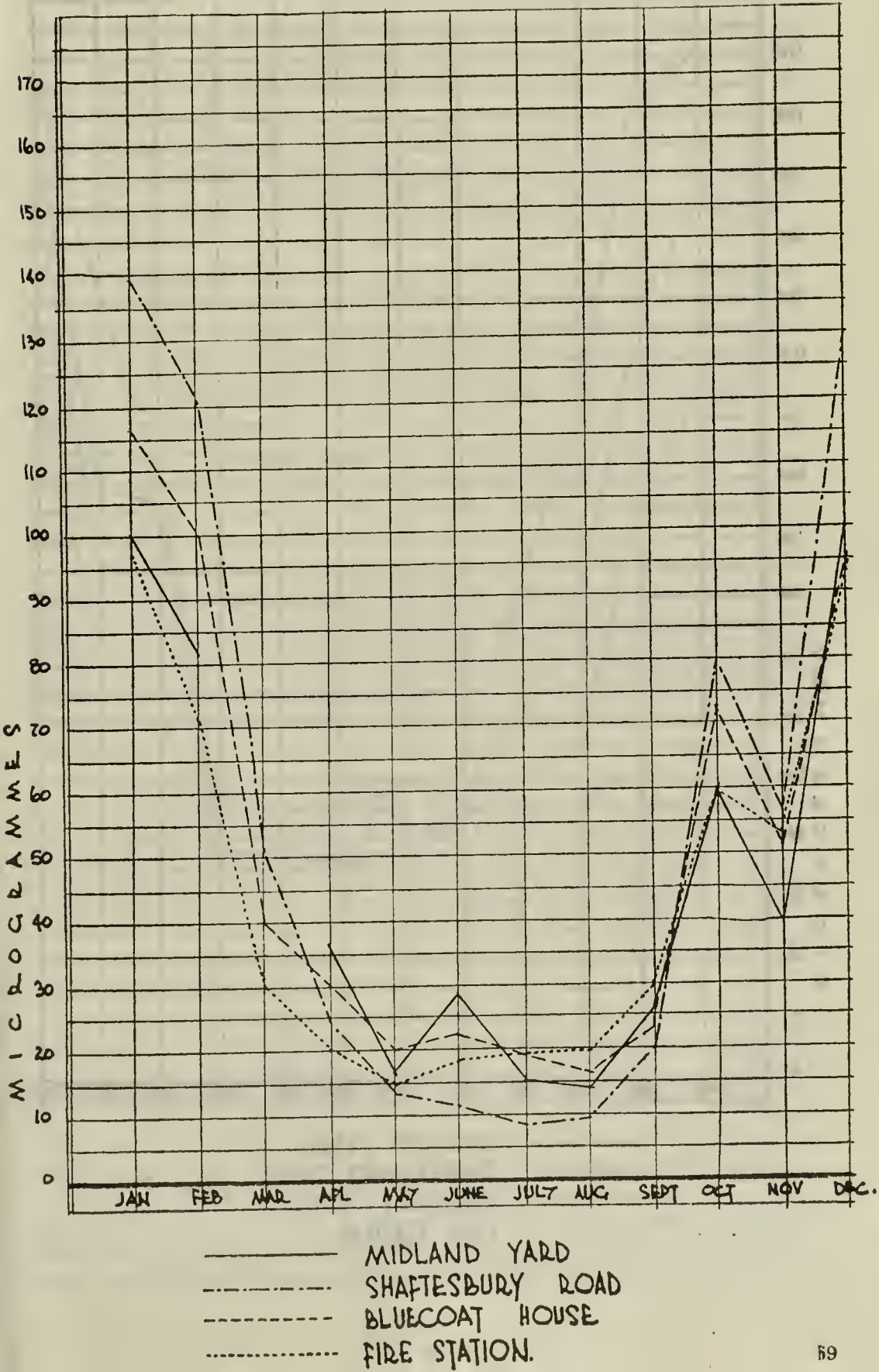


### DOMESTIC FUEL USAGE 1950-1962 AS % OF TOTAL

This shows the percentage of non-solid fuels (gas, electricity and oil) increasing steadily over the years, while that of coal has decreased at a rate accelerated by the passing of the Clean Air Act, 1956. The percentage of solid smokeless fuel is smaller than either of the above, and has remained relatively constant.

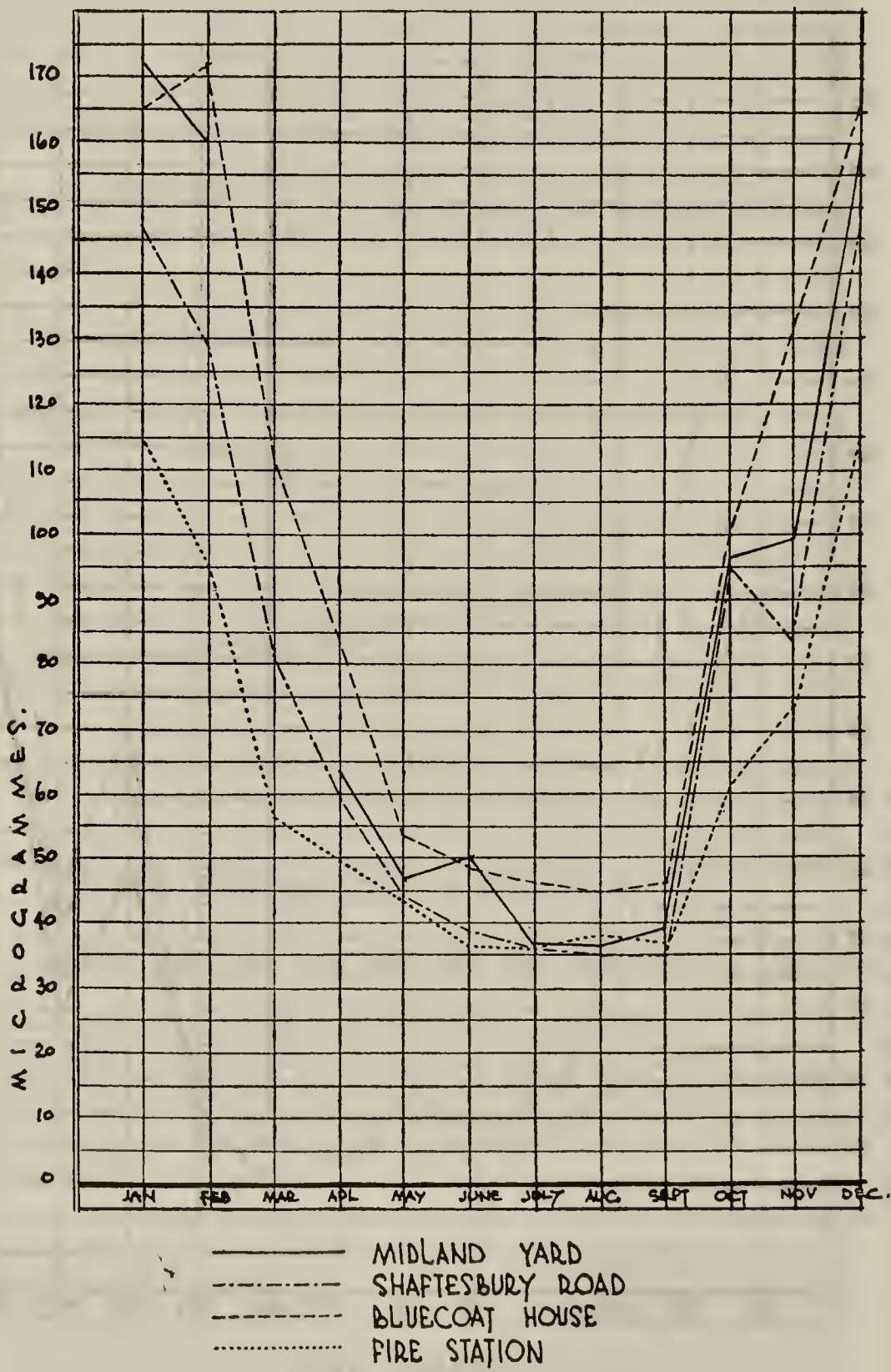
The proposal to produce gas increasingly from oil, and natural gas, as well as by the Lurgi Process, will ultimately result in less coke being available, but this will be largely offset by increased supplies of electricity, gas, hard coke and other solid smokeless fuels and oil. Circular No. 69/63 concludes—"The Minister recognises that the initial effect of the changed fuel position as set out in the Minister of Power's review may be to make it more difficult for local authorities to establish further smoke control areas. From now on a greater change in householders' heating arrangements will often be necessary and great efforts may well have to be made

SUSPENDED MATTER EXPRESSED AS  
MICROGRAMMES PER CUBIC METRE





SULPHUR DIOXIDE BY THE VOLUMETRIC METHOD  
EXPRESSED AS MICROGRAMMES PER CUBIC METRE



to persuade householders of the need for the change. But householders will still have a wide choice of appliances and fuels; for most people the cost of fuel need be little, if at all, greater; and more money will often be payable to the householder by way of grant and heating standards will be improved."

As the relative availability of smokeless fuels varies in different parts of the country, the representatives of the major fuel industries listed in Appendix 1 of Circular 69/63 have been consulted and their replies are summarised as follows:—

**National Coal Board**—have available a Welsh Low Volatile coal formerly used for steam locomotives, as well as "Sunbrite", "Anthracite" and Welsh Boiler Nuts for closed appliances. "No difficulty is anticipated in meeting the demand in the Smoke Control Areas under consideration in the Bath area".

**South Western Gas Board**—assure us that "in terms of our long-term plans covering the next six years at least, the quantity of Gloco and Gloco Nuts produced for sale in Bath and, in fact, throughout our Area, will be increased and I have no fears about our ability to make available adequate supplies to meet the needs of present domestic users and to meet the demands of householders in any smoke controlled areas which your Council may introduce."

**South West Electricity Board**—state that they can meet any increased demand resulting from smoke control but would like early advice of any area to be dealt with so that they can ensure that local arrangements are adequate.

If the Council agrees to carry out a policy of smoke control the need is greater in the low-lying parts of the City, where smoke is least readily dispersed, but it would be wasting time and money to deal with areas likely to be redeveloped in the foreseeable future, except as part of that development. The Ministry of Housing and Local Government must be consulted beforehand and will only agree to the making of such an Area if satisfied that it is advisable and that the necessary smokeless fuels are available.

Within such an Area only approved appliances may be used though there is provision for exemptions in special cases. The Local Authority may be required to repay seven-tenths of the expenditure necessarily incurred in any private dwelling and may give other financial assistance in special cases. Four of the seven-tenths is recoverable in Exchequer Grants from the Ministry. In general, grant is only payable on fixed appliances. The grant may be put toward the cost of a more expensive type of appliance, such as central heating, but is based on the cost of the least expensive appliance appropriate.

Local Authorities vary in their choice of Areas in which to start Smoke Control. Some designate open spaces which are about to be built on, in this way incurring no expenditure. Others choose a prominent central area which, if it consists mainly of business premises, means that the cost of any conversions falls mainly on the owner or occupier. Others, again, deal with residential areas where the need for conversions may be greater, but also the cost of grants. Some deal first with their own estates.

Before any Smoke Control Area is decided on, it will be necessary to carry out a survey to ascertain just what is involved. This takes time, of which there will be little to spare until inspections under the new Offices, Shops and Railway Premises Act are well under way.

One aspect of the fight against air pollution is the need for chimneys of adequate height for the larger fuel burning appliances to ensure, not only that nuisance is avoided, but also that the ground level concentration of sulphur dioxide gas is kept to a minimum by effective dispersal of the flue gases.

With the redevelopment of central areas in large blocks under active consideration, it is imperative that Section 10 of the Clean Air Act, 1956, be amended so that the standards prescribed in the Ministry's Memorandum on Chimney Heights can be applied to buildings used as residences, shops and offices in the same way as they are applied to industrial buildings.

### **Caravans:**

The site at Claverton Down continued satisfactory, but negotiations over the Locksbrook Road site proved fruitless.

Of the five separate sites for individual caravans, one licence expired, the owner no longer requiring it having built a house, and one other licence was granted for use by relatives of the occupants of an adjoining house. These individual sites were all satisfactory.

### **The Bath Tattoo:**

Following the suggestions of the District Public Health Inspector, Mr. W. J. Pearce, the standard of emergency sanitation was improved. We are indebted to the organisers for their ready co-operation in this matter.

### **Noise:**

A good deal of thought was given during the year to preventing noise. Talks on the subject were offered to schools and public, observations were made to assist the Planning Officer in assessing the likelihood of nuisance arising in the case of some important applications for planning permission, and tests carried out in co-operation with the City Engineer to demonstrate the relative quietness of various types of compressor and the benefit to be gained by the use of muffles on pneumatic drills.

It was evident that the manufacturers of road breaking equipment are now grappling with the difficult problem of reducing noise emission with some success. One could wish that contractors and their men showed the same interest. We are all indebted to the City Engineer and the Surveying Committee for taking a lead in this matter, but there is still much room for improvement. All statutory undertakers have been asked to minimise noise emission from road breaking equipment, especially in built-up areas of the city.

This is only one particularly obtrusive form of noise. We tend too readily to accept noise from traffic. A useful bonus from the study of the traffic problem should be the reduction of both noise and air pollution by routing traffic round, rather than through, neighbourhoods and ensuring a freer flow of vehicles, since it is when starting and stopping that noise and pollution are greatest.

With noise, as with most public health problems, prevention is better than cure. A particularly objectionable noise made in testing certain equipment was reduced considerably, not so much by the absorbent screen erected over the site, as by an improvement in the equipment itself, which reduced the time needed to run it in.



## Sewage Disposal:

The City and Waterworks Engineer reports that work is proceeding on the extensive reconstruction of the city's main sewerage and sewage treatment system to make good its deficiencies and to provide additional capacity for future increases in water consumption.

## Common Lodging House:

Hamilton House, the Salvation Army lodging house, continued its good work, providing a home for up to 65 men, many of whom live there permanently.

## Inspections and Re-inspections re:

Accumulations of offensive materials	589
Animal boarding establishments	13
Atmospheric Pollution recording	1154
Common Lodging Houses	2
Controlled Tipping	40
Drainage Inspections	666
Drain Testing (Smoke 30, Chemical 3, Colour 86)	119
Fireguards and Heating Appliances	—
Flooding	—
Infectious Diseases	554
Keeping of Animals and Poultry	58
Noise Complaints	139
Offensive Trades	—
Pest Control	121
Pet Shops	12
Provision of dustbins	73
Provision of Sanitary Accommodation	9
Public Conveniences	273
Rivers 6, Canal 22, Brooks 2, pollution of	30
Rodent Control (including 3868 by Rodent Operators)	4009
Schools 2, Cinemas 3, Public Buildings	5
Smoke Nuisances (Industrial 70, Domestic 71)	141
Swimming Baths	18
Tents, Vans, Sheds and Caravans	67
Water Supplies	35

## Works Completed, Nuisances Abated, etc.:

Accumulations removed	32
Defective sewers repaired	6
Drains repaired	40
Drains unstopped	83
Drains reconstructed	40
Pests (See Section VI)	—
Public Conveniences (See Section VII)	—
Smoke Nuisance—industrial 5, domestic 3	8

## SECTION III INSPECTION AND SAMPLING OF FOOD

### (A) Registration and Inspection of Premises:

	<i>Newly Registered</i>	<i>Discon- tinued</i>	<i>Total now Registered</i>
Preparation or manufacture of sausages or potted, pressed, pickled or preserved food	4	1	72
Manufacture and sale of ice-cream	1	—	7
Storage of ice-cream intended for sale	—	—	2
Sale of ice-cream	7	1	365

### Inspection:

Bakehouses	48
Butcher's shops	169
Canteens and Kitchens (including cafes, hotels and restaurants)	255

## Inspection—Continued

Cattle Market	11
Chemists	7
Confectioners	126
Dairies 12, Pasteurising Plant 2	14
Examination of foodstuffs	644
Fishmongers and Poulterers	39
Food preparing premises and cooked meat shops	109
Food poisoning investigations	74
Food sampling:	
Food and Drug Act samples	72
Ice-cream	59
Milk for bacteriological examination	246
Milk for biological examination	40
Food for bacteriological examination	28
Food vehicles	27
Fried Fish shops	32
Fruiterers and Greengrocers	117
Grocers and Provision Merchants	383
Ice-cream (places of manufacture)	3
Ice-cream, vendors' premises	91
Licensed premises	47
Meat and food Depots	67
Merchandise Marks Acts	12
Milk distribution	50
Other food premises	14
Slaughterhouses	1350
Water sampling	181
Total:	4313

## Food Hygiene:

Momentarily the Aberdeen typhoid outbreak shook the public out of their lethargic attitude toward food hygiene. "They" ought to do something about it, was the cry—before the next sensation drove the subject out of sight and mind.

In Bath "they", beside tracking down all suspect consignments of corned beef, investigating 16 cases of food poisoning and 87 complaints concerning food, carried out 4,313 inspections concerning food and food premises, more than in any previous year. Advice was also sent to every food trader in the city with an offer of help in training staff in food hygiene. Only one firm accepted that offer.

The Aberdeen outbreak highlighted the fact that it is the first class protein foods—meat, fish, milk, eggs, and their products, that are most susceptible to infection, and that meat products are pre-eminent in this. There are still too many opportunities for infection to creep in and to grow all along the line from producer to consumer.

## Food Poisoning:

During the year sporadic cases of food poisoning due to *Salmonella* Brandenburg were investigated. This organism appears to be particularly associated with pig products, being spread by infected pigs at collecting centres and slaughterhouses. The pigs themselves are thought to be originally infected by imported animal feeding stuff.

Fortunately strict hygiene, and avoidance of handling the meat as far as possible, limits the spread of infection and thorough cooking kills the organism, otherwise there would be many more cases.

## Food Complaints:

The number of complaints concerning unsound and contaminated foods again increased, from 31 in 1962 and 60 in 1963 to 87 in 1964.

Each complaint was thoroughly investigated, as much to prevent a recurrence as with a view to prosecution, and all those where legal action might be considered appropriate were reported to the Health (Sanitary and General Purposes) Sub-Committee. Prosecutions were instituted in ten cases (see page 00) and warning letters sent by the Town Clerk in 12 cases.

This work is time consuming and requires a detailed knowledge of the food trade. Such investigations are a very useful probe into the efficiency of the trade, revealing flaws in practice which might otherwise pass unnoticed. Exercised discerningly, the power to prosecute where food sold is either unfit for human consumption or not of the nature, or substance, or quality demanded, is a very powerful incentive to hygiene and efficiency.

**(B) Food and Drugs Sampling:**

Two hundred and sixteen samples were submitted to the Public Analyst comprising:

Informal routine samples under Food and Drugs Act, 1955	.....	170
Formal samples under Food and Drugs Act, 1955	.....	<del>77</del> 7
Water for Chemical examination	.....	4
Miscellaneous investigations	.....	35
		<hr/>
		216
		<hr/>

The average fat and non-fatty solids content of Channel Island Milk was 4.636 and 8.444 per cent respectively (the legal minimum fat content is 4 per cent). The corresponding averages for other milk samples was 3.467 per cent and 8.427 per cent (presumptive standards 3 per cent fat and 8.5 per cent non-fatty solids). Of 7 formal samples taken 5 of such samples were of milk. The rather low non-fatty solid average was due to selective sampling including several samples wherein the non-fatty solid content occurring naturally was low.

Twenty-one samples of sausages and sausage meat were taken. The results were generally satisfactory. The average meat content of pork sausages was 67.61 per cent, of beef sausages 59.59 per cent and of mixed beef and pork sausages 59.50 per cent.

**Informal and Formal samples of Food and Drugs taken for Analysis:**

**Informal:**

Apricot jam	.....	1	Cream	.....	5
Apricot pie filling	.....	1	Creamed cereal	.....	1
Baking powder	.....	1	Creamed crab spread	.....	2
Banana sauce	.....	1	Creamed horse radish	.....	1
Beef Milano	.....	1	Custard powder	.....	1
Beef steak	.....	1	Dessert table jelly (brandy		
Blackcurrent health drink	.....	2	flavoured)	.....	1
Blackcurrant syrup	.....	1	Dinner for two	.....	1
Bramble seedless jam	.....	1	Dressed crab with butter	.....	2
Bronchial mixture	.....	1	Dressed salmon	.....	1
Butter	.....	2	Dried fruit	.....	2
Cake fruit mix	.....	2	Dried mixed fruit	.....	1
Cake mixture	.....	1	Drinking chocolate	.....	2
Casserole of meat	.....	1	Dripping	.....	2
Casserole of steak	.....	3	French dressing	.....	1
Cheese spread	.....	3	Fried rice mix	.....	1
Chicken dinner	.....	1	Fruit cocktail	.....	1
Chinese vegetables	.....	1	Fruit and nuts	.....	1
Chunky steak	.....	1	Fruit salad	.....	2
Compound block	.....	1	Full cream evaporated milk	.....	1
Corn Flour	.....	1	Garden peas	.....	1
Corned beef	.....	5	Ginger	.....	1
Corned beef hash	.....	1	Grape Juice	.....	1
Cranberry sauce	.....	1	Gravy browning	.....	1



### Informal—Continued

Gravy mix .....	1	Prepared sauce .....	1
Ground almonds .....	1	Quick Jell (red) .....	1
Hot dog sausages in brine .....	1	Raisins (Muscatels) .....	1
Ice-cream .....	5	Red salmon .....	2
Lemon and chocolate flavouring .....	1	Refined lard .....	1
Lemon and glucose drink .....	1	Rice pudding .....	2
Luncheon meat .....	3	Rum flavouring .....	1
Malt extract with cod liver oil .....	1	Sausages .....	16
Margarine .....	2	Sliced bacon .....	1
Meat tenderiser .....	1	Smyrna Figs .....	1
Meat and vegetable curry .....	1	Sparkling orange .....	1
Milk .....	11	Steak pudding .....	1
Mince meat .....	2	Steak and kidney pudding .....	2
Minced beef loaf .....	2	Steak, kidney and mushroom pie	
Minced steak .....	2	filling .....	1
Mixed cereal with fruit and nuts .....	1	Stewed steak .....	7
Orange curd .....	1	Strawberries in heavy syrup .....	1
Ox Tongue .....	1	Sweets .....	1
Pease pudding .....	1	Tea .....	1
Pancake and batter mix .....	2	Tomato sauce .....	1
Peeled tomatoes .....	4	Truffled pork .....	1
Pineapple juice .....	1	Two fruits .....	1
Pink salmon .....	1	Vegetable sauce .....	1
Pork luncheon meat .....	2	Vinegar .....	2
Pork sausage meat .....	3	Vitamin C. Health Drink .....	1

### Formal:

Milk .....	5	Pork Sausages .....	2
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### (C) Meat Inspection:

Though the number of animals slaughtered was less than in previous years, the time required to maintain 100 per cent meat inspection in accordance with the regulations was no less, and continued to involve evening and weekend work.

As will be seen from the tables, tuberculosis was found in only six of the 8,418 animals inspected, though other diseases were found in over nine hundred animals. The percentage of bovines with *cysticercus bovis* decreased slightly from 1.56 to 1.36 per cent, but is still high.

# CARCASSES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	<i>Cattle Excl'd. Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>		<i>Goats</i>	<b>TOTAL</b>
Number killed (if known)	2,093	104	117	3958	2143	—	3	8418
Number inspected	2093	104	117	3958	2143	—	3	8418
<b>All diseases except Tuberculosis and Cysticerci</b>								
Whole carcasses condemned	—	—	5	11	2	—	—	18
Carcasses of which some part or organ was condemned	282	24	1	303	274	—	—	884
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	13.47	23.07	5.12	7.93	12.87	—	—	10.71
<b>Tuberculosis only:</b>								
Whole carcasses condemned	—	—	—	—	—	—	—	—
Carcasses of which some part or organ was condemned	—	—	—	—	6	—	—	6
Percentage of the number inspected affected with tuberculosis	—	—	—	—	0.28	—	—	—
<b>Cysticercosis</b>								
Carcasses of which some part or organ was condemned	30	—	—	—	—	—	—	30
Carcasses submitted to treatment by refrigeration	30	—	—	—	—	—	—	30
Generalised and totally condemned	1	—	—	—	—	—	—	1

## PRIVATE SLAUGHTERHOUSES

Visits to examine meat .. 1,350

Weight of meat rejected as unfit

for human consumption:—

4 Tons, 4 cwt, 3 Qrs. 11½ lbs.

# PRIVATE SLAUGHTERHOUSES, MEAT DEPOTS AND SHOPS

## Conditions rendering carcase meat and organs unfit for human consumption

Diseases	Cattle lbs.	Cows lbs.	Calves lbs.	Sheep lbs.	Pigs lbs.
Abscesses .....	1942	57	30	26 (1)	28
Angioma .....	256	114	—	—	11
Arthritis .....	—	—	—	—	25
Bruising .....	93	—	—	55 (1)	70
C. Bovis .....	1284 (1)	—	—	—	—
Congestion .....	20	—	—	—	123
Cirrhosis .....	168	35	—	12	9
Cystic .....	68	17	—	20½	8
Distomatosis .....	1392	164	—	50	6
Emaciation .....	—	—	—	206 (5)	—
Fatty Change .....	—	18	—	5	—
Hydronephrosis .....	—	—	—	—	1
Inflammation .....	12	30	—	6	83½
Nephritis .....	—	—	—	1	2
Oedema .....	—	—	37 (1)	113 (2)	—
Parasites .....	74	—	—	1166½	624½
Pericarditis .....	—	—	—	2	95½
Peritonitis .....	—	—	—	—	11½
Pleurisy .....	32	—	—	13	17
Pneumonia .....	8	—	—	10	106½
Pyrexia .....	—	—	309 (5)	147 (2)	136 (1)
Strongylosis .....	—	—	—	7	6
Tumours .....	32	—	—	—	—
Tuberculosis .....	—	—	—	—	108
Totals:	5381 (1)	435	376 (6)	1840 (11)	1471½(1)

Total: 9503½ lbs. or 4 tons 4 cwts. 3 qrs. 11½ lbs.

The figures in brackets indicate the number of cases where it was found necessary to condemn the whole of the carcase and its organs.

### Cysticercus Bovis:

Careful examination was made of all cattle slaughtered for human consumption to detect the presence of this parasite and 30 animals were found affected. Of the animals inspected one heifer was found to be affected with generalised cysticercus bovis, a relatively rare condition, only a few cases having ever been recorded. The number of cysts found in the remaining 29 animals was 30 and their location was as follows:

Type of Animal	Location of Cysts			Viable	Degenerate
	Heart	Masseter Muscle	Diaphragm		
Cows	—	—	—	—	—
Heifers	4	14	1	11	8
Steers	2	9	—	7	4
	6	23	1	18	12

### UN SOUND FOOD

Foodstuffs in tins, packets, etc., condemned or surrendered:

	Tins or packets	lbs.
Cereals .....	44	44
Fish .....	617	363
Fruit .....	702	1108½
Jam .....	43	70
Meats, sausages .....	540	856½
Milk .....	70	87
Soup .....	28	18½
Vegetables .....	1321	805½
		3352½



## Other foodstuffs condemned:

	<i>lbs.</i>
Bacon .....	34
Beef .....	1121
Cake .....	203½
Chicken .....	175
Chitterlings .....	46¾
Fish .....	84
Frozen foods .....	418
Grapes .....	120
Haddock .....	28
Ham .....	74½
Ice-Cream .....	8
Kidneys .....	39½
Lamb .....	171
Liver .....	56
Macaroni .....	141
Pork .....	299¼
Rabbit .....	60
Sausage .....	70
Spaghetti .....	535
Steak pies .....	40
Sugar .....	30
Turkeys .....	46¾

## Meat, etc., condemned or surrendered on retailers premises and used for processing into inedible by-products:

	<i>lbs.</i>
Beef .....	751
Kidneys .....	7
Lamb .....	91
Luncheon meat .....	18
Pork .....	664½
Veal .....	82
	<hr/> 1613½

## Unsound food sterilised for animal feeding:

	<i>lbs.</i>
Beef .....	422
Chicken .....	70½
Pork .....	43
	<hr/> 535½

## Total weights of food condemned or surrendered:

	<i>Tons</i>	<i>Cwts</i>	<i>Qrs.</i>	<i>Lbs.</i>
Meat at private slaughter-houses .....	4	4	3	11½
Food at retail premises .....	—	19	—	21
Food in tins, packets, etc. ....	1	9	3	20½
Other foods .....	1	13	2	19¼
	<hr/> 8	<hr/> 7	<hr/> 2	<hr/> 16¼

## (D) MILK AND DAIRIES

### Registration:

Registered Dairies 11. Registered Distributors 118.

11 Licences were granted as follows:

"Tuberculin Tested", "Pasteurised" and "Sterilised" .....	4
"Pasteurised" .....	4
"Untreated", "Pasteurised" and "Sterilised" .....	2
"Tuberculin Tested" and "Pasteurised" .....	1
	<hr/> 11

**Examination of Designated Milk:**

On 1st October, 1964, the designation “Untreated” came into use in accordance with the Milk (Special Designation) Regulations, 1963, that of “Tuberculin Tested” no longer being significant, since virtually all herds in this country are now so tested.

The percentage of raw milk samples failing the methylene blue reduction test for keeping quality is, of course, inflated by the need to repeat samples where one proves unsatisfactory, but is disturbingly high. Either hygiene on the farms is inadequate (a point over which we have no control), or the milk is not fresh enough when delivered to the customer.

	<i>Samples obtained</i>	<i>Failed Meth. Blue Test</i>	<i>Failed Phosphatase Test</i>	<i>Failed Turbidity Test</i>
Tuberculin Tested .....	49	9	*	*
T.T. (Channel Island) .....	34	4	*	*
T.T. Pasteurised .....	40	—	—	*
T.T. (Past.) Channel Island	41	—	—	*
Pasteurised .....	33	—	—	*
Pasteurised (Channel Island)	11	—	—	*
Sterilised .....	2	*	*	—
Untreated C.I. ....	6	2	*	*
Untreated .....	3	2	*	*
	219	17	—	—

\* Tests not applicable.

**Milk sampling for biological examination:**

During the year, 44 samples of raw T.T. milk (since designated “Untreated”) were taken in respect of three producers and submitted for examination for Tuberculosis and Brucellosis. The samples from all three producers were found to be negative for Tuberculosis. Samples from two producers were negative from Brucellosis but milk from a third producer was found to be positive. Immediate arrangements were made for the milk to be diverted for heat treatment.

The investigation commenced in March after which time close consultation ensued between the Medical Officer of Health, The Director of the Public Health Laboratory Service, the Animal Health Division and the Veterinary Consultant for the farmer. A number of milk samples from all individual cows in the herd were taken and eventually the trouble was traced to two cows which were subsequently removed from the herd. By June all samples were negative. Further sampling took place until November during which time all samples were negative.

I am pleased to report that maximum co-operation and assistance was received from the farmer at all times and this is particularly noteworthy having regard to the numerous problems both economic and otherwise which arose.

**(E) ICE-CREAM**

43 samples of ice-cream were generally satisfactory as shown by the following results of examination.

Provisional Grade 1	36 or 83.7%	} Satisfactory.
„ „ 2	5 or 11.6%	
„ „ 3	2 or 4.7%	} Unsatisfactory
„ „ 4	—	

(F) WATER SUPPLIES AND SAMPLING

The City mains continue to be supplied from seven sources in the adjoining countryside, augmented by water from Bristol Water Company.

Apart from a short period at the end of the year when the use of hosepipes had to be prohibited, these supplies were satisfactory in both quality and quantity. A scheme to abstract up to seven million gallons per day from Newton Meadows was being developed as speedily as possible.

During the year the Water Department took 324 samples for bacteriological examination, 201 of raw and 123 of treated water. One treated water sample proved unsatisfactory, but re-sampling showed satisfactory results.

Typical chemical analyses of the supplies are given below. In each case the water is hard and not liable to plumbo-solvent action.

ANALYSIS OF WATER SAMPLES ON 18th NOVEMBER, 1964

CHEMICAL	Monks- wood	Lang- ridge	Weston	Bath- easton	Mid- ford	Tucking Mill
(Results expressed in part per million)						
Appearance .....	clear	clear	clear	clear	clear	clear
Taste and Odour .....	normal	normal	normal	normal	normal	normal
Colour .....	nil	nil	nil	nil	nil	nil
pH Value .....	7.2	7.2	7.2	7.2	7.1	7.2
Free Chlorine .....	—	—	—	—	—	—
Total Solid Residue .....	380	380	310	400	310	370
Suspended Matter .....	nil	nil	nil	nil	nil	nil
Chlorine as chloride .....	24	22	23	22	27	28
Ammoniacal Nitrogen .....	0.005	0.005	0.005	0.008	0.005	0.008
Albuminoid Nitrogen .....	0.005	0.006	0.005	0.024	0.005	0.005
Nitrite Nitrogen .....	0.005	0.01	0.01	0.01	0.005	0.005
Nitrate Nitrogen .....	0.6	0.7	0.5	0.4	1.2	0.6
Total Alkalinity ..	175	164	145	240	130	225
Hardness:						
Total ..	320	327	246	330	245	310
Temporary .....	175	164	145	240	130	225
Permanent .....	145	163	101	90	115	85
Poisonous metals .....	absent	absent	absent	absent	absent	absent
Permanganate figure .....	0.1	0.5	0.5	0.4	0.2	0.4
Fluorine Test .....	0.009	0.10	0.10	0.07	0.08	0.09

Slight variations in fluoride content are illustrated in the following results of tests made in February and August.

Source	14.8.64.	18.2.64.
Weston .....	0.10	0.12
Batheaston .....	0.12	0.10
Tucking Mill .....	0.10	Source out of use during renovations.
Monkswood .....	0.12	0.09
Langridge .....	0.11	0.08
Midford .....	0.12	0.10

No contamination problems were experienced.

While the Department supplies parts of the surrounding districts, the number of dwelling houses and premises with living accommodation in the City with a piped supply direct is 26,520.



The above information has been kindly supplied by the City and Waterworks Engineer.

Water samples taken for the Department by Mr. R. J. Pendlebury were as follows:—

SOURCE OF SUPPLY:					<i>Number obtained</i>	<i>Number unsatisfactory</i>
Mineral Springs	.....	.....	.....	.....	55	0
Other Springs	.....	.....	.....	.....	36	8
City Mains	.....	.....	.....	.....	2	0
Swimming Baths	.....	.....	.....	.....	48	7
Miscellaneous	.....	.....	.....	.....	5	0
					<hr/> 146	<hr/> 15

A reduced number of samples from the mineral springs was taken because, toward the end of 1963, a treatment plant was installed which proved an effective safeguard.

Sampling at the public baths was on a selective basis designed to reveal any weakness in treatment technique. The number of unsatisfactory samples is, therefore, higher than it would otherwise be. While a high standard was maintained at the two covered baths, small bacterial counts were difficult to eliminate in the open air baths because of particles air borne or brought in by bathers. One of the unsatisfactory samples was from the little used Cross Bath, which is chlorinated by hand dosing.

#### (G) BACTERIOLOGICAL SAMPLES SUBMITTED TO THE PUBLIC HEALTH LABORATORY

Five hundred and two samples were submitted to the Public Health Laboratory, Manor Hospital, Bath. They comprised:—

Milk	.....	.....	.....	.....	219
Milk (for biological examination)	.....	.....	.....	.....	44
Ice-cream	.....	.....	.....	.....	43
Water	.....	.....	.....	.....	142
Miscellaneous	.....	.....	.....	.....	54
					<hr/> 502

The miscellaneous samples included organs of food animals to assist in diagnosis of diseases found at local slaughterhouses. Information relating to bovine hepatic abscesses was obtained and this was passed to the producer and the Veterinary Consultant, as a result of which correction feeding techniques were introduced. A number of samples of sausages were taken and some of these revealed extremely high colony counts. High counts were also found in a minced meat product but in all cases investigations coupled with repeat sampling led to improvements in the hygiene of manufacture until products of a satisfactory standard bacteriologically were maintained.

Samples of cakes with natural cream filling were satisfactory.

In one instance, a speedy notification of food poisoning enabled withdrawal from sale of suspect cooked meat. Samples of the cooked meat were taken and these confirmed a heavy growth of the organism which caused the food poisoning. Withdrawal from sale and condemnation of the infected food undoubtedly prevented a number of other persons from being infected.

I am most grateful to Dr. P. Maim, Director of the Laboratory, and his staff for their ready co-operation and advice and to Mr. Pendlebury who carried out the fieldwork.

## SECTION IV

### Infectious Diseases:

Visits of enquiry in connection with infectious and other diseases numbered 554 and disinfection was carried out at 33 premises viz:—

Cancer .....	5
Scabies .....	7
Shingles .....	1
Tuberculosis .....	10
Typhoid .....	1
Miscellaneous .....	9
	<hr/>
	33
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## SECTION V

### FACTORIES, SHOPS, OFFICES, ETC.

#### Factories Act, 1937, to 1961 (Part 1):

Inspections for purposes of provisions as to health:

	<i>Number on Register</i>	<i>Number of Inspections</i>	<i>Written Notices</i>
Factories without Mechanical Power .....	231	11	—
Factories with Mechanical Power .....	516	173	6
Other Premises .....	30	14	—
	<hr/>	<hr/>	<hr/>
	777	198	6

	<i>Defects</i>		<i>Referred</i>	
	<i>Found</i>	<i>Remedied</i>	<i>to H.M. Insp.</i>	<i>by H.M. Insp.</i>
Want of cleanliness .....	3	4	—	1
Overcrowding .....	—	—	—	—
Unreasonable temperature .....	—	—	—	—
Inadequate ventilation .....	—	—	—	—
Ineffective drainage of floors .....	—	—	—	—
Sanitary Conveniences:				
(a) Insufficient .....	3	2	—	2
(b) Unsuitable or defective .....	13	14	—	11
(c) Not separate for sexes .....	—	—	—	—
Other Offences .....	—	—	—	—

### Outworkers:

Notifications were received in respect of 18 outworkers. The premises in which the work was carried on were inspected and found to be satisfactory.

### Shops Act, 1950:

Inspections and re-inspections .....	1429
Contraventions dealt with:	
Forms and Notices .....	1
Hours of closing .....	3
Inadequate temperature .....	—
Inadequate lighting (artificial) .....	—
Sanitary accommodation .....	3
Washing facilities .....	2
Hours of employment adjusted .....	1
Cleansing of rooms .....	1

### Shops Act, 1950—Early Closing Exemptions:

Section 1(4) of the Shops Act, 1950, provides that, where the local authority are satisfied that a majority of the occupiers of shops of any particular class in any area which they do not consider unreasonably

small are in favour of being exempt from any existing Order fixing the weekly half-holiday, they shall make an Order exempting the shops of that class within the area from such provisions.

In September an enquiry was received as to whether the Council would make such an Order for a prescribed area.

The area first suggested was considered by the Health Committee to be too small, but they were prepared to recommend the making of an Order in respect of the whole of the City's central shopping area, provided the majority of occupiers of shops in each trade agreed.

A number of interested traders conducted a canvass in the area defined, which was supplemented by a canvass by the department. This showed that, of 63 classes of trade, an outright majority favoured an Order exempting them from the Weekly Half Holiday Orders in 62 classes, the exception being chemists and druggists.

The proposals did not, of course, affect the right of shop assistants to their statutory half-holiday; indeed the main reason advanced for the proposal was to facilitate the introduction of a five day week. Nor did they affect general closing hours or Sunday closing, or the application of the Weekly Half-Holiday Orders to the rest of the City.

### **Offices, Shops and Railway Premises Act, 1963:**

Section 60(1) of the above Act requires local authorities to submit an Annual Report to the Minister of Labour in prescribed form.

Table A gives the number of premises registered, and the number inspected during 1964, divided into five classes according to their predominant use. Notifications of all registrations were also passed to the Fire Authority.

While the total premises registered at 31st December, 1964, was 878, systematic inspection showed that many were still unregistered. Two hundred and twenty-five premises received a general inspection during the year.

Thanks to numerous circulars from the Ministry of Labour, and discussions with the then Deputy Superintendent Factory Inspector, Mr. Brittain (at one of which I spoke on behalf of public health inspectors in this area), problems such as demarcation between the two services, were settled as they arose. Mr. Brittain was particularly helpful over the guarding of dangerous machines. Liaison was also maintained with the Chief Fire Officer's Fire Prevention Officer.

To economise manpower, inspections were organised on a street basis, rather than in order of registration, and carried out by the District Public Health Inspectors along with their other responsibilities. It was often a question of adding to their existing knowledge of the premises. A concise, but comprehensive record card was evolved to cover practically all public health aspects of the premises. Inspection began in September, when the number of District Inspectors was increased by one, and a total of 399 visits carried out by the end of the year.

Where premises were deficient, occupiers were advised by letter. No applications for exemption from the requirements dealing with space, temperature, sanitary conveniences or washing facilities were received and it is hoped that all such problems will be resolved within the period of grace provided in the Act.



Among matters dealt with, the following seem worthy of comment:—

(a) **Cleanliness**—In some premises where the public had no access, drab and dirty conditions were regarded as normal and a request for redecoration received with some surprise. Generally, however, Inspectors met with ready co-operation.

(b) **Overcrowding**—The low standard for space was rarely contravened except in small low ceilinged rooms, e.g. attic back additions. In draughtsmen's offices some allowance for space occupied by furniture was found necessary.

(c) **Temperature**—Requirement of a reasonable temperature is not confined to ensuring sufficient warmth. From experience in administering the Shops Act in Bath, preventing unduly warm and close conditions is no less a problem.

(d) **Sanitary Conveniences**—While the Sanitary Conveniences Regulations, 1964, are generally reasonably specific, absence of the requirement of a separate screened approach for each sex causes some embarrassment, especially where accommodation is shared by employees of more than one firm.

(e) **Seats**—It was clear that the need for suitable seats for sedentary work in the interest of both comfort and efficiency had not been appreciated.

Ten accidents involving absence from work for more than three days were reported and investigated. This proved worth while in the interest of accident prevention.

No prosecutions were instituted during the year. Health Committee considered prosecuting employers who had failed to register their premises as an example and reminder to others. Instead a notice was published in the press, as was an article by me on the welfare provisions of the Act emphasising the requirements of registration.

At the Town Clerk's request, registration of all Council offices was co-ordinated by this department and a brief guide to the welfare provisions of the Act sent to my fellow Chief Officers.

Table 'C' gives an analysis of the 8,361 persons employed in premises so far registered by classes of workplace. While the average number employed per registered premises was  $9\frac{1}{2}$ , the true average is probably less, since it is generally the smaller premises that have failed to register.

The proportion of males to females employed was 39 per cent to 61 per cent.

**Table A. Registrations and General Inspections:**

CLASS OF PREMISES	<i>No. of premises registered during the year</i>	<i>Total No. registered premises at end of year</i>	<i>No. of registered premises receiving a general inspec. during the year</i>
Offices	242	242	61
Retail shops	536	536	146
Wholesale shops, warehouses	25	25	6
Catering establishments open to the public, canteen	72	72	9
Fuel storage depots	3	3	3
Totals:	878	878	225

**Table B.**

Number of visits of all kinds by Inspectors to Registered Premises ..... 399

**Table C. Analysis of Persons employed in Registered Premises by Work-  
place:**

CLASS OF WORKPLACE								<i>Number of persons employed</i>
Offices	.....	.....	.....	.....	.....	.....	.....	3159
Retail shops	.....	.....	.....	.....	.....	.....	.....	3752
Wholesale departments, warehouses	.....	.....	.....	.....	.....	.....	.....	466
Catering establishments open to public	.....	.....	.....	.....	.....	.....	.....	899
Canteens	.....	.....	.....	.....	.....	.....	.....	70
Fuel storage depots	.....	.....	.....	.....	.....	.....	.....	15
Total								8361
Total Males								3283
Total Females								5078

**Bakehouses:**

There were twenty-two bakehouses in use (including one basement bakehouse)—to which a total of 48 visits were made.

**Rag Flock and Other Filling Materials Act, 1951:**

Three premises are registered as required by the Act.

**Pet Animals Act, 1951:**

Licences were issued in respect of 6 pet shops to which 12 visits of inspection were made from time to time. No contraventions were found.

**Animal Boarding Establishments Act, 1963:**

Two premises were inspected under this Act.

## SECTION VI

### RODENT AND PEST CONTROL

The work of rodent control (excluding sewer treatments) for the year is summarised below:

	TYPE OF BUSINESS				
	<i>L.A.</i>	<i>Business</i>	<i>Dwelling houses</i>	<i>Others</i>	<i>Total</i>
<b>No. of first complaints received:</b>					
Rats .....	6	58	203	7	274
Mice .....	9	32	192	2	235
Rates and Mice .....	—	3	5	2	10
Total:	15	93	400	11	519
<b>No. of premises found to be infested:</b>					
On notification by Occupiers:					
Rats .....	5	48	128	6	187
Mice .....	9	32	176	2	219
Rats and mice .....	—	3	5	2	10
By inspection:					
Rats .....	5	1 Ag 4	24	6	1 Ag 39
Mice .....	5	8	31	2	46
Rats and mice .....	1	2	2	—	5
Total:	25	1 Ag 97	366	18	1 Ag 506
No. of properties treated by Corporation .....	25	1 Ag 94	365	18	1 Ag 502
No. of properties treated by Occupier .....	—	3	1	—	4
No. of first inspections .....	93	1 Ag 202	813	89	1 Ag 1,197
No. of re-inspections, visits for treatment, etc. ....	497	5 Ag 804	1,201	21	5 Ag 2,523
Total visits:	590	6 Ag 1,006	2,014	110	6 Ag 3,720
<b>No. of baits laid:</b>					
Prebait .....	—	—	—	—	Nil
Poison baits Warfarin .....	—	—	—	—	4,908
Arsenious Oxide .....	—	—	—	—	Nil
Zinc Phosphide .....	—	—	—	—	Nil
Others (specify) .....	3 lb.	Cymag	Gas. 12	Smoke Rockets	
No. of traps set .....	—	—	—	—	6
No. of bodies recovered: Rats .....	—	—	—	—	66
Mice .....	—	—	—	—	45
<b>No. of "block" control schemes carried out:</b> .....	—	—	—	—	5
No. of serious infestations by M.M. ....	—	—	—	—	Nil
No. of major infestations by R.N. ....	—	1	—	—	1
These figures are included in the number of infested premises above.					
No. of re-inspections .....	226	334	34	41	635
No. of re-infestations .....	23	18	23	4	68
No. of test baitings .....	14	48	140	12	214

*Note.*—Agriculture — Ag. figures, although marked separately are included in the business figures.



## Rodent and Pest Control:

The number of complaints received during the year concerning rodents increased from 427 in 1963 to 519 in 1964, and the number of premises found infested from 431 to 506.

This reflects a disturbing trend, which is, I understand, national. It is particularly disappointing because we had appeared to be well on top of this problem. Like most local authorities, we are continuing to use warfarin as our principal rodenticide, but are on the lookout for evidence of a build up of natural resistance to it, such as has been reported from some parts of the country.

Prevention, as in most spheres of public health, is better than cure. Part of the time of the pest control staff is, therefore, well employed carrying out routine visits to Corporation and other premises, with whose owners we have agreements, in search of evidence of infestation at its earliest stages before a major infestation can develop.

Owing to pressure of work, no spring treatment of sewer manholes was undertaken, and only a small scale treatment of areas most liable to infestation in the autumn. Takes were observed and followed up in 8 out of 43 manholes. A survey and treatment of the river bank was also carried out.

Particular attention was given to cockroach infestations during the year. These pests affect chiefly food premises. The extent of infestation is not always appreciated because they are largely nocturnal.

Dealing with them thoroughly without interfering unduly with the use of the premises often involves treatment either at night or weekends, and treatment is usually repeated to kill newly hatched cockroaches before they lay their eggs.

Little progress was made in dealing with the nuisance from feral pigeons. In the absence of acceptable and really effective means of extermination, the laborious process of trapping was a waste of labour which we could ill afford. Until such means are approved, there will be just as many pigeons in Bath as the food thrown down for them will support.

The number of infestations of pests, other than rodents, dealt with totalled 235.

Ants	30
Bees	4
Beetles	15
Bugs	3
Cockroaches	39
Earwigs	1
Fleas	12
Flies	10
Insects	1
Lice	1
Silverfish	2
Spiders	2
Wasps	114
	<hr/>
	235
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## SECTION VII

### Public Conveniences:

The ladies' convenience in the Parade Gardens was considerably improved by building a new portion with 3 W.C.s and providing wash-hand basins in the old structure. The washing facilities at Broad Street car park were also improved.

A large proportion of the £1,300 allowed in the financial year for materials and repairs was spent in trying to keep pace with malicious damage. It is a heart breaking job.

### Water Consumption:

Total quantity used—1963—2,940,000 gallons.  
1964—3,483,000 gallons.

### Baths, Washes and use of Cloakrooms (Terrace Walk):

	<i>Men</i>		<i>Women</i>	
	1963	1964	1963	1964
Baths	6,064	5,710	2,269	1,857
Washes	10,395	9,656	2,896	2,351
Cloakrooms	1,073	956	787	822

## SECTION VIII NOTICES SERVED

### Section I—Housing:

Housing Act, 1957—Section 9 (Repairs	—
„ 16 (Demolition or Closure)	59
„ 17 (Closing or Demolition Order)	75
„ 18 (Closure of part of building)	79
„ 28 (Substitution of Demolition Order for Closing Order)	20
„ 170 (Ownership, etc.)	78
Rent Act, 1957	1

### Section II—Sanitation:

	<i>Informal</i>	<i>Formal</i>
Public Health Act, 1936—Section 93 (Nuisances, etc.)	62	16
„ 39	15	4
„ 45	5	2
„ 277	—	7
„ 287	—	2
Public Health Act, 1961—Section 17	—	14
„ 26	—	1

## PROSECUTIONS 1964

Proceedings were taken under the Food and Drugs Act, 1955, for the sale of:

- (1) Puff pastry unfit for human consumption. Fine £15.  
(Complaint received in 1963).
- (2) Unsound frozen steaklets. Fine of £100 reduced on appeal to Quarter Sessions to £25. (Appeal heard by the Recorder on 7th January, 1965.)
- (3) Four mouldy trifles. Fine £40.
- (4) Sour sausages. Fine £50.
- (5) Sour and mouldy sausages. Fine £15.
- (6) Sour sausages. Fine £15.
- (7) Mouldy steak and kidney pie. Fine £15.
- (8) Sausage containing chewing gum. Fine £20.
- (9) Mouldy pork pie. Fine £25.
- (10) Mouldy pork pie. Fine £50.
- (11) Bottle of milk containing the body and wing of a moth. Fine £75.

## NEW LEGISLATION

Among the various Orders, Regulations and Circulars under the Offices, Shops and Railway Premises Act, 1963, were:—

The Offices, Shops and Railway Premises First Aid Order, 1964, which laid down requirements for various premises according to numbers employed and risk of accidents.

The Sanitary Conveniences Regulations and the Washing Facilities Regulations, 1964, prescribed the basis on which sanitary accommodation and washing facilities must be provided.

The Prescribed Dangerous Machines Order, 1964, listed 20 machines where special precautions are necessary.

The Offices, Shops and Railway Premises Forms Order and the Annual Reports Order, 1964, prescribed various forms to be used and the information to be submitted in Annual Reports to the Ministry of Labour.

The Housing Act, 1964, lays down procedure for the compulsory improvement of dwellings and amends the provision of the Housing Act, 1961, concerning Houses in Multiple Occupation.

The Meat (Treatment) Regulations, 1964, prohibits the addition of ascorbic acid, erythorbic acid, nicotinic acid, nicotinamide, or any of their derivatives to raw and unprocessed meat.

The Soft Drinks Regulations, 1964, deals with the composition and labelling of various soft drinks.

The Mineral Hydrocarbons in Food Regulations, 1964, prohibits the use of mineral hydrocarbons in food with certain exceptions.

## PUBLIC RELATIONS

Once again I must thank the Bath and Wilts. Chronicle for publishing articles by me on "Living with Noise", "Food Hygiene and the Law" and "Welfare in Shops and Offices". The B.B.C. as well as the press, also stimulated interest in the reduction of noise from roadbreaking equipment.

As in previous years, I wrote to all food traders in the city in June reminding them of the special need for food hygiene during warm weather.

Early in the year talks on various subjects were offered to all the senior schools in Bath. Oldfield Boys chose a talk on "Noise", West Twerton Girls "Housing" and Oldfield Girls "Food Hygiene". An outline of the work of the department was given to the sixth form of the Boys' and Girls' Grammar Schools and to the Women's Conservative Association, and three lectures to students at the Domestic Science College, beside talks to various other bodies.

Mr. W. J. Pearce and Mr. T. A. Hemmings designed a very compact display concerning our work for the Careers Exhibition at the Technical College, with their usual skill.

In February we had the pleasure of a visit from Mr. Sewell from the London School of Hygiene and Tropical Medicine, a public health inspector from Jamaica, who was particularly impressed with our pest control work.





